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# Effective violence prevention

**An overview of the international evidence**

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# Abstract

This report provides an overview of the internal scientific evidence on violence prevention. A broad definition of violence is used, which includes legally punishable as well as non-punishable and (early) risk factors for violence. A total of 26 prevention approaches were identified in the areas of the individual, the family, the school and victim assistance - the effectiveness of which are underpinned by international research results. Each chapter gives practitioners and decision-makers an idea of the objectives, programme features and performance of the approaches. The purpose of this report is to strengthen the emerging momentum towards more evidence-based violence prevention around the world and provide a preliminary compass for prevention practitioners.

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# Introduction

This report offers an overview of the current international evidence on successful programmes that prevent or reduce violence. A total of 26 prevention strategies are presented. For each of these, we discuss their goals, the way in which they are delivered, their effectiveness and the factors that influence their performance.

Our report is an extension of prior work completed in 2006 for the Swiss Federal Commission for Foreigners [1] and in 2009 for the Swiss Federal Office of Social Security [2]. Those earlier reports discussed evidence-based violence prevention strategies that could be implemented in the family, school, neighbourhood and broader community.

Since the publication of these reports, substantial progress has been made. The Swiss national prevention programme ‘Youth and Violence’ was launched in 2011 and supported jointly by the federal state, the cantons, the cities and the municipalities. This programme aimed to create more knowledge on effective

violence prevention, to disseminate it and to promote networking and cooperation between stakeholders. It created a national network of cantonal and municipal violence prevention agencies, which facilitated the exchange of information and knowledge across Switzerland’s diverse prevention landscape. Last, but not least, the programme launched national violence prevention conferences where the exchange of experiences between scientists, politicians and practitioners was fostered.

This report aims to support the momentum created by the ‘Youth and Violence’ programme. Each chapter is structured in way that enables practitioners and policy-makers to gain an understanding of the principles, goals and organisational resources behind each approach. The previous German, French and Italian language versions also contained brief overviews of practices in Switzerland.



Kelly Sikkema, CC

## The WHO Violence Prevention Framework

Our report is rooted in the public health framework of violence prevention that the World Health Organization laid out in the ‘World Report on Violence and Health’ [3], the ‘World Report on Violence against Children’ [4] and the ‘Plan of Action for the Global Campaign for Violence Prevention for the Period 2012-2020’ [5]. These documents outline core principles that can help national and local governments, as well as other public and private actors, to develop a more effective and coherent violence prevention policy. These principles include developing an evidence base focusing on both high-risk groups and the population at large, thus protecting human rights, especially of the most vulnerable groups, incorporating a life-course perspective that recognises the need for prevention and intervention at all ages and ensuring intersectoral collaboration among public health, child protection, education, policing and criminal justice agencies. Within this framework, the World Health Organization aims to build a strong foundation of violence prevention that provides agencies with cutting-edge evidence in order to inform approaches, to integrate these strategies into local infrastructure and to show ways to build knowledge about the effectiveness of different approaches. Our report aims to contribute to this goal.

## Our three principles of developmental prevention

### Principle 1: Never too early – never too late

Human development is the result of the ongoing interaction between people’s personal characteristics - including their cognitions, behaviour, beliefs, personality traits and physiological characteristics - and external influences by physical, social and cultural environments. The evidence clearly shows that many of the characteristics and behavioural tendencies are moulded during the first years of life. These include the tendency towards externalisation and aggressive behaviour. Clear differences between individuals emerge in young children, as early as at 12-24 months of age.

These differences tend to be relatively stable across different stages of the life course, for example between childhood and early adolescence or between adolescence and adulthood. Prevention science, therefore, emphasises the importance of violence prevention strategies that intervene in the earliest stages of life, supporting a secure and nurturing environment in which children can develop. However, developmental research shows that throughout our lives our behaviour evolves and adapts in reaction to the environment we live in. This is mirrored in research findings that suggest that prevention programmes at any stage of life can have considerable effects on people’s later risk of violent behaviour. It is therefore important to develop violence prevention strategies for all phases of life, from the prenatal stage to adulthood.

### Principle 2: Target different levels of risk factors

Decades of research into the causes of violence have led to the conclusion that violence and aggression cannot be reduced to one single cause. Several mechanisms are involved in the causation of violence, such as genetic, neuro-cognitive, physiological, familial, schooling, neighborhood and societal ones. At each of these levels, various processes may be involved. For example, at family level, factors like child abuse, parental conflict, having aggressive siblings and maternal depression are solidly replicated risk factors for aggressive behaviour. Due to this multi-layered nature of the causes of violence, it is important to identify influential risk factors in order to develop strategies that deal with them at several levels and to build protective mechanisms that reduce the risk of developing behaviour problems.

### Principle 3: 70 - 25 - 5 rule

Violence and aggressive behaviour are heavily concentrated among a small number of children. In other words, the majority of children shows few or no signs of disruptive or antisocial behaviour. An easy way to think about this pattern is the 70 - 25 - 5 rule: 70% of children at any age engage in very little problem behaviour; 25% engage in some problem behaviour, while 5% display persistent and serious problem behaviour. Table 1 illustrates this pattern and its implications for prevention, based on data from the Zurich Project on the Social Development from Childhood to Adulthood (z-proso). This data show that 15-year-old youths in Zurich admitted to committing about 17,000 delinquent acts during the 12 months before the survey (excluding illegal downloading, truancy and fare dodging). This corresponds to an average of 11 acts per youth. The least delinquent of the youths in z-proso (70%) committed, on average, less than one delinquent act per year, which corresponds to only 3% of all delinquent acts.



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These youths are at a very low risk of becoming criminals at later ages. The next 25% of youths may be at some risk of developing more serious problems. They committed an average of 12.9 delinquent acts per youth, accounting for about 25% of all delinquent acts. However, the real problem lies with the most problematic 5% of the youths. These 73 youth committed an average of 170 delinquent acts and were responsible for 72% of all delinquent acts. As Table 1 also shows, the concentration is even greater for violent acts, where the most difficult youths accounted for almost 80% of all incidents.

**Table 1      The distribution of delinquency and serious violence among 15-year-old youths**

Source: Zurich Project on the Social Development from Childhood to Adulthood (z-proso)

% of youth	Number of delinquent acts per youth	% of all delinquent acts	% of violent acts (assault and robbery)
70% of youth	0.53	3%	3%
25% of youth	12.9	25%	18%
5% of youth	170.2	72%	79%

These figures have important implications. They highlight that prevention must focus resources and attention on those 5% of youths. More specifically, in a public health approach that aims to invest resources in proportion to the delinquent acts that could be prevented, the most problematic group of youths should receive about 300 times more funding per youth than the least problematic group. These youths must be identified at an early stage, therefore prevention measures must be provided early.

# Report design

## Background

We chose to base our report on evidence provided by meta-analyses - overview studies of research findings in which information from single studies is collected, systematically analysed and combined. We chose this approach because of time constraints. This approach offers both advantages and disadvantages. On one hand, meta-analyses are increasingly important for summarising the growing research evidence and for better understanding the bigger picture beyond single studies. On the other hand, a focus on the bigger picture means that important details may be lost, that the prevention programmes are discussed on a highly generalised level and that an analysis of particularly interesting single programmes becomes difficult.

In our search for relevant meta-analyses, we included seven major research databases, focusing on meta-analyses conducted between 2000 and 2012. All included meta-analyses were coded and grouped into themes. We then identified 26 approaches that are supported by considerable evidence. Each chapter is structured as laid out below.

<b>The problem</b>	A description of the main underlying issues the approach tries to address.
<b>Goals</b>	A summary of the goals that the approach aims to achieve.
<b>Delivery</b>	An overview of the way in which the type of programme is typically delivered, the qualifications and training required to deliver it, and the resources required. In each section, we present one example of a particular programme. Whenever possible, these examples were chosen because they have been tested in the international research literature and found to be effective. When it was not possible, we chose to present an especially interesting and promising programme. These programmes are included in our report not because we recommend them; our goal is to provide the reader with an illustration of each approach.
<b>Effectiveness</b>	A summary of the current knowledge on the effectiveness of the approach, based on meta-analyses.
<b>Influential factors</b>	Where possible, this section is based on the findings of the meta-analyses, but we also rely on other literature that bears on issues related to programme implementation; meta-analyses do not always provide this knowledge.
<b>Conclusions and recommendations</b>	This final section provides an overview of the findings and suggestions that may support practitioners and practice-oriented researchers in making informed choices, enhancing the quality of current provision and developing the kind of research that will contribute to progress in the field.

## Results from the z-proso study

We also added, where relevant, information boxes on selected results from the Social Development from Childhood to Adulthood (z-proso) Study. Started in 2003, it comprises (as we write) eight waves of data collection up to the age of 20 (ages 7, 8, 9, 11, 13, 15, 17, 20 years). It includes all 1,675 children who entered the first year of primary school in the autumn of 2003 in one of 56 schools in the city of Zurich. At age 15, we were able to collect data for over 85% of all children, which is an achievement in longitudinal studies. At age 20, we collected data from 94% of participants in the last wave.

## The importance of context

Many of the meta-analyses and programme examples are from the United States. Although we would have liked to include more knowledge from Europe, this is often limited - most research on violence prevention takes place in the United States. However, it should be noted that effective violence prevention is always dependent on its context, such as ethnicities, languages, socio-economic factors, etc. Thus, prevention programmes that are effective in one country might not necessarily be as successful in another. Furthermore, even within the same geographic area, the effectiveness of a programme depends on the specific target group and circumstances.

Any programme implementation needs to be preceded by a careful analysis of the country in which it is to be carried out. This needs to include an analysis of the local situation and target group. In addition, it needs to take into consideration partnerships with local politicians, organisations and other stakeholders. Programmes will need to be chosen and sometimes adapted accordingly.

## Focus and definitions



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In determining the focus of our report and the definitions of the central concepts, we were largely guided by the definitions of the programme 'Youth and Violence' [6]. This report is focused on both prevention and intervention. There are important differences between the two, primarily with regards to their timing [7]. Prevention measures aim to prevent the occurrence of violence altogether by reducing risk factors and enhancing protective factors. Intervention is used in cases where problems have already manifested themselves and there is a will to prevent their re-occurrence.

In each chapter of this report, we note whether a programme type is targeted at the universal, selective or indicated level [8]. Universal programmes target all youths or parents or the entire population. Selective programmes target youths or, more in general, people who are at high risk of developing violent behaviour. Indicated programmes target youths or, more in general, people who have

already shown violent behaviour or who have become the victim of violence. In the latter case, for example, indicated programmes aim to reduce the negative consequences of victimisation, such as psychological problems. This report is primarily focused on programmes that aim to change the characteristics of individuals and their direct surroundings (family, school, social setting). We do not include programmes that aim to change country characteristics.

We use a broad definition of violence. This means that we focus on forms of violence that are legally punishable but also on forms of violence that might not, such as bullying. We include interpersonal forms of physical violence, psychological violence and sexual violence. Furthermore, some of the programmes that we discuss are not only or directly focused on preventing violence *per se*. They also aim to reduce (early) risk factors for violence, such as poor parenting practices, cognitive deficits, behaviour problems in childhood and school dropout.

Most of the chapters focus on approaches that reduce violence among children and adolescents until 18 years of age. However, given that violent behavioural tendencies are often moulded in the first years of life (see above), these approaches have also the potential to prevent violent behaviour at later ages. We diverged from this focus on youth violence in the final three chapters. These focus on strategies for deterrence and formal social control, which are sometimes, but not always age specific. These chapters, therefore, apply to a broader age range and include adults.

Finally, and in line with other resources for effective violence prevention - such as the ‘Grüne Liste Prävention’ and ‘Blueprints for Healthy Youth Development’ - we categorised the approaches according to their effectiveness. We distinguished two categories: ‘promising’ and ‘effective’. Approaches were categorised as ‘promising’ if the number of high-quality evaluations (i.e., randomised controlled trials or quasi-experimental evaluations) is still limited, but first results suggest that the approach can effectively reduce violence and/or risk factors for violence.

Approaches were also categorised as ‘promising’ if the overall evidence was positive, but there were some suggestions that there could be harmful effects. Approaches were categorised as ‘effective’ if high-quality evaluations robustly indicated that an approach could reduce violence and/or risk factors for violence and if there was no evidence of harmful effects. The categories ‘promising’ and ‘effective’ are shown in the text boxes at the beginning of each chapter. A detailed description of programme effectiveness can be found in the relevant section of each chapter.

### **Further general resources**

The present report provides information about a selection of approaches that have been found to be effective internationally. However, over the past 10 years, there has been an enormous growth in websites that provide information to practitioners who want to gain a better understanding of research in prevention science; the programmes that have been evaluated and found to be effective, and innovations that are likely to contribute to further progress. We recommend five websites that practitioners and policy-makers may find useful.

**RADIX – Swiss Health Foundation - ‘Communities that Care’ resources (in German)**

The website page [www.radix.ch/files/9319JHK/sammlung\\_gesamt\\_vorlaeufig.pdf](http://www.radix.ch/files/9319JHK/sammlung_gesamt_vorlaeufig.pdf) offers an overview of current prevention programmes in Switzerland. It presents the effectiveness of programmes as well as the potential for dissemination in the context of the ‘Communities that Care’ approach, which is a United States-based organisation promoting evidence-based crime prevention and health promotion globally. This enables specialist agencies, communities and interested parties to gain an overview of effective and promising prevention programmes in specific areas and for specific target groups. Additional categories such as costs, prerequisites and replicability provide information about the required resources.

### Grüne Liste Prävention (in German)

In collaboration with 'Communities that Care', the prevention council of the Federal State of Lower Saxony, Germany, has developed a web-based resource - [www.gruene-liste-praevention.de](http://www.gruene-liste-praevention.de) - for evidence-based prevention programmes. The website provides information on about 90 programmes and is continuously updated. For each programme, users find summaries about each programme's characteristics, the targeted groups and the current evidence supporting it. Programmes are classified into 'effectiveness theoretically plausible', 'effectiveness probable', and 'effectiveness demonstrated'.

### Prevention Action Alliance (in English)

An online news service that reports internationally on innovative programmes and their effectiveness for improving children's health and development. It covers all areas related to children's physical, behavioural, emotional, social and intellectual development. It was initiated by the Dartington Social Research Unit, a charity based in the United Kingdom that seeks to increase the use of evidence of what works in designing and delivering services to children and their families. The website - <https://preventionactionalliance.org/> - translates research findings and innovations into accessible articles and provides practitioners and policy-makers with up-to-date information about current developments.

### Blueprints for Healthy Youth Development (in English)

There exists an increasing number of national and international websites that provide practitioners and policy-makers with information on evidence-based programmes, their characteristics, their target groups and their research base. The oldest and most comprehensive is the 'Blueprints for Healthy Youth Development', which was started in 1996 at the University of Colorado, Boulder (United States). The website - [www.blueprintsprogrammes.com](http://www.blueprintsprogrammes.com) - allows searches by outcome, targeted population and programme characteristics. The available information includes a description of the programme, of the outcomes found in respective research, and of the estimated cost-effectiveness of the measures. Programmes are not available in all countries and results do not necessarily translate between national contexts. However, the website gives an excellent overview of effective programmes and the principles that they use, giving practitioners some guidance about promising strategies.

### Violence Prevention Alliance (in English)

The 'Violence Prevention Alliance' (VPA) is an association of WHO Member States, international agencies and civil organisations that work in the field of violence prevention globally. Members of the global VPA share an evidence-based public health approach to violence prevention. The members are active in contributing to the Global Campaign for Violence Prevention supported by the WHO. The websites - [www.who.int/violenceprevention/en](http://www.who.int/violenceprevention/en); [www.preventviolence.info](http://www.preventviolence.info) - link to a global register of effectiveness studies, the 'Violence Prevention Evidence Base'. Searches allow users to find summaries of research for a given subarea of violence prevention. Furthermore, the VPA website also links to the report 'Violence Prevention: The Evidence', which comprises a series of informative briefings in seven major domains of violence prevention.

# Family programmes

## 1. Home-visiting programmes

### Universal

- Selective
  - Indicated
  - Family
- School  
Social Environment

- Before birth
- Infancy (0-1)
- Early Childhood (1-7)
- Middle/Late Childhood (7-9)
- Early Adolescence (9-13)
- Middle/Late Adolescence (13-18)

### Goals

To improve parenting skills and provide support and resources for parents in order to promote healthy child development, including reducing the risk of maltreatment.

### Target group

At-risk parents (or caregivers), including teenage parents, single parents, parents living in poverty, ethnic minorities without a social network, or parents with substance abuse and/or mental health problems.

### Risk factors

Difficult living conditions for the mother, developmental risks of the child, child abuse, lack of mother-child attachment, overwhelmed parents.

### Overall effectiveness

Effective.

Home-visiting programmes are structured initiatives. Practitioners visit pregnant women and mothers in difficult social and financial situations to provide them with support to improve their parenting skills and their children's cognitive and socio-emotional development.

These programmes aim to promote the mental and physical health of parents and their children while reducing child maltreatment.

Evidence suggests that these programmes have small to moderate effects on a variety of outcomes, including enhanced parenting skills, reduced child abuse and improved cognitive and social development of the child.

Some studies report positive effects into adolescence. However, the small number of studies makes generalisations about long-term effects impossible.

## The problem

Children who grow up in economically disadvantaged families (e.g., living in poverty, single and/or teenage parents, ethnic minorities without a social network) or with parents suffering from mental health problems or substance abuse can be at risk of experiencing adverse outcomes, such as behavioural and socio-emotional difficulties [1, 2]. One likely reason is that parents who live in disadvantaged situations do not have a consistent parenting approach; they might neglect their needs and their children's; they might not be aware of positive parenting strategies and use coercive ones, which may include child emotional or physical abuse [3].

In spite of parents' good intentions and their willingness to act in their child's best interest, the difficult situations in which these parents find themselves may present them with challenges that are difficult to cope with. This, in turn, may thwart their children's healthy socio-emotional development, both in the short and in the long term. In order to prevent such outcomes, parents from disadvantaged backgrounds require additional help when they expect a child to prepare them for the challenges ahead, which are experienced by all parents independently of their socio-economic status but can affect disadvantaged parents more acutely. Home-visiting programmes have been developed that target families in high-risk situations.



Photo: Kate Thornton-Maurer, CC

## Goals

Home visiting programmes provide knowledge, resources and support to at-risk parents with the aim of improving their skills and promoting healthy child development. A respectful approach is used, one that values parents' capacities and emphasises their resources instead of their shortcomings. Most programmes are grounded in systemic theory, in which the parent-child relationship is assumed to directly affect child development, while the wider environment, like the community they live in and their income, also (indirectly) influences the child. These programmes operate on the basis that educating parents about child-rearing skills and attitudes towards parenting improve parental sensitivity and the parent-child relationship. Beyond conveying information, programmes also have their specific strengths in analysing parenting behaviour in specific situations. This, in turn, can lead to positive changes in children's development and to the prevention of maltreatment. Positive parenting will also ameliorate the negative effects of socio-economic disadvantage on child development.

## Delivery

Home-visiting programmes are delivered in the family home. Besides this general delivery strategy, programmes vary widely in terms of the types of families they serve, the service, its duration and intensity, and the targeted outcome [4]. Some programmes are (health) care oriented, whereas others are more focused on the strengthening of parental competences. The discussion in this chapter is focused on the latter. There are also programmes that combine both aspects.

**Delivery format:** the activities in which the visitor and parent (usually the mother) engage vary depending on the goal and design of the programme. They can include stimulating the interaction by encouraging the parent to play with the child using verbal techniques, toys and books. Many programmes also include

educating mothers about child development and early childhood, providing help in accessing community or governmental resources and offering counselling. Some also provide health or developmental screenings.

**Delivery setting:** most programmes are selective or indicated and are delivered to high-risk families, which may include families with a low household income, dependence on welfare, potential or actual child abuse or neglect, teenage parents, substance abuse, maternal depression or children with low birth weight. The programme is usually delivered in the family's home, although some also include a centre-based component or support through telephone calls. Delivering the programme at home is very beneficial because it does not require parents to arrange for transportation or childcare, thus increasing participation rates. The duration and intensity vary. Typically, the programme's duration is between nine months and three years, with large differences in the frequency of the meetings, ranging from twice a week to less than once a month. They are typically delivered when children are at preschool ages, often in the first three years of life.

**Required qualifications:** most home-visiting programmes are delivered by professionals who received formal education and training, including social workers, psychologists, counsellors, nurses and health practitioners. A substantial number of programmes is delivered by para-professionals who often come from the same community as participants and are often helped by the home-visiting programme. A small number of programmes is delivered by non-professionals, who have not received home-visiting training.

**Required resources:** home-visiting programmes are intensive and require well-trained personnel. However, there are also programmes where the home visitors are lay people from the same ethnic group as the families. They are trained accordingly and the cost of these programmes can be kept lower.

**A programme example:** The 'Parents as Teachers' is a home-visiting programme originally started in the United States. It is implemented by home visitors to families in high-risk situations (i.e., psychosocially disadvantaged families). Families are supported from pregnancy until the child turns three. The programme is based on the philosophy that parents are the first and most influential teachers in their children's lives and that the children's first years are essential for later success at school and in life. The programme aims to strengthen parenting competencies and their self-confidence, prevent child maltreatment and neglect, and improve their educational achievement. It includes monthly or, if needed, weekly visits by the home visitor and a group component in which parents meet each other and exchange experiences. Overall, evaluations in the United States showed mixed findings regarding the programme's effectiveness. However, among the most deprived immigrant families, certain positive effects on parental knowledge, interaction with children and child development were found.

## Effectiveness

After searching systematically through the evidence, the below information was located regarding the effectiveness of these programmes. Their effects on child maltreatment are reviewed in Chapter 2.

- Findings of the two largest meta-analyses show that families that received home-visiting programmes fared better compared to those who did not [4, 5]. For example, the programmes had a substantive positive effect on maternal parenting behaviour, such as maternal sensitivity and stimulation [5]. This effect was mostly measured immediately after the programme had ended and was found among families in high-risk situations including families that live in deprived neighbourhoods, that have low-income status and that experienced teenage child bearing.
- Furthermore, it was found that the programmes also affected child well-being as they positively increased children's cognitive and socio-emotional development [4].
- It should be noted that one meta-analysis that included only those studies of the highest quality, namely randomised controlled trials, did not find statistically significant differences in cognitive development between those who did and those who did not receive the programme [6]. However, this meta-analysis was based on only four studies.
- Finally, according to the current state of knowledge, there is no sufficiently reliable evidence that home-based programmes for pregnant and postpartum women with drug or alcohol problems achieved substantial improvements in terms substance abuse, cognitive development or psychomotor development [7]. This is partly due to the lack of larger and high-quality studies. However, individual studies found a significant decrease in necessary interventions by child protection agencies.

**Influencing factors:** there are emerging findings on the factors that influence whether home-visiting programmes are effective or not, but these are somewhat conflicting and inconclusive. The most successful programmes invest substantially in the fidelity of its implementation, meaning that they are implemented by well-educated professionals according to their original protocol [9].

The evidence on the effects of programme intensity is conflicting. Whereas one study found little evidence that the number of visits and their duration mattered [4], another found that whether or not the programme affects maternal behaviour depends in large part on its frequency and intensity. Specifically, the findings of the latter analysis suggest that home visitors should see families at least two times per month to achieve



Photo: Valeria Zoncolli, CC

a positive effect [5]. The evidence on whether the level of training of the home visitor matters is also inconsistent. Socially disadvantaged parents may have more difficulty relating to highly educated home visitors than to para-professionals who took part in the programme themselves [4, 5]. However, well-trained home visitors are probably needed to support families with strong social disadvantage and complex problems, and to implement challenging programmes [8]. In addition, it should be noted that the results of meta-analyses suggest that programmes with well-trained home visitors yield fewer (re)occurrences of child maltreatment than programmes that use para-professionals (see Chapter 2).

## Conclusions and recommendations

According to the current evidence base, home-visiting programmes for families facing psychosocial difficulties can have positive effects. Participating families achieve better results in parenting skills and cognitive and socio-emotional child development compared to other families. In at-risk situations, the programmes represent a sensible instrument for the promotion of a healthy mental, physical and neuro-cognitive development of children in the first years of their lives. However, it is currently not clear whether home-visiting programmes can reduce the likelihood of problem behaviour in the long term.

The current state of research suggests that when selecting and implementing a programme, good training of staff and quality control should be ensured. However, there is no firm understanding of which particular content and delivery characteristics affect its effectiveness. In general, programmes that are founded on research on early childhood development are preferred.

Almost all of the existing evidence comes from American studies. However, the provision of home-visiting programmes in the United States, where they are usually offered to at-risk families, is vastly different from Europe, where many programmes are implemented among all families. Thus, it is questionable to what extent the American findings are applicable to the European situation. More European evaluation studies are required.

## 2. Child maltreatment programmes

### Universal

- Selective
- Indicated
- Family

### School

### Social Environment

- Before birth
- Infancy (0-1)
- Early Childhood (1-7)
- Middle/Late Childhood (7-9)
- Early Adolescence (9-13)
- Middle/Late Adolescence (13-18)

### Goals

Reduce the risk of and prevent child maltreatment through family-based intervention programmes.

### Target group

Parents and children.

### Risk factors

Lack of parenting skills, abusive parenting practices, attachment difficulties with child, alcohol or drug abuse of parents, financial difficulties, family conflicts, lack of social support.

### Overall effectiveness

Effective.

Programmes against child maltreatment focus on improving parents' child-rearing skills and their attitudes towards harsh discipline. It is assumed that this, in turn, leads to less child maltreatment. Supplemental components of the programmes may include enhancing parents' emotional well-being, particularly their stress and anger control.

Programmes often comprise group-based or individual parent education, home visiting or combinations thereof. In addition, they typically focus on parents who are either at high risk or have a history of child maltreatment. Meta-analyses conclude that a selected number of strategies have promising effects on child maltreatment.

## The problem

Child maltreatment (i.e., physical, sexual or emotional abuse and neglect) has been associated with a number of detrimental consequences in children including psychiatric disorders, emotional difficulties and behavioural problems such as criminality and substance abuse [1]. These consequences not only exist in the short term but also in the long term, with evidence showing that they persist into adulthood [2, 3]. In Switzerland, for instance, the number of cases recorded by child protection agencies and pediatric hospitals has risen over recent decades, but it is unclear whether this reflects higher reporting rates or an increase in actual cases. In 2012, 18 pediatric hospitals (out of 26) reported 1,136 cases of child abuse, with roughly equal proportions of physical abuse, neglect, psychological and sexual abuse. About 80% of perpetrators were family members [4].

**Results from the z-proso study: Prevalence, risk factors and consequences of negative parenting In Zurich - 12% of nine-year-old children have experienced negative parenting practices (being slapped, hit with an object or locked into a room) at least 'sometimes' by one of their parents. Children who had negative experiences were less likely to experience warm parenting; they were more likely to come from households with lower socio-economic status and more likely to experience conflicts between their parents or within the family compared to other children. They also reported more feelings of anxiety and depression. (Source: Zurich Project on the Social Development from Childhood to Adulthood, z-proso)**

## Goals

Child maltreatment programmes are designed for parents who are either known to have abused their children or who are considered to be at high risk for abusive behaviour. The aim is to prevent (re-) occurrences of child maltreatment. The programmes attempt to change negative parental attitudes and practices, such as harsh discipline, as well as dysfunctional parent-child relationships. Many also aim to improve parents' emotional well-being, their personal lives and social networks. It is expected that parents will be less likely to abuse their children if they have adequate skills, have positive attitudes towards parenting and child-rearing, and are emotionally healthy.

## Delivery

Initiative against child maltreatment are generally structured programmes that vary in time, intensity and method. Two of the most widespread and promising approaches are home visiting and parent education programmes, or combinations of both. For more information on home-visiting programmes, please refer to Chapter 1.

**Delivery format:** programmes designed to reduce child abuse typically consist of a curriculum with special emphasis on topics such as developmentally appropriate interactions with children, mother-child attachment, positive parenting strategies and parents' development of problem-solving and life skills. In addition, they may also comprise home management, gaining access to government and community resources, reducing social isolation and building parents' social network. Their duration may vary between six weeks to over two years; parent education programmes are generally shorter than home-visiting ones. Many aim to provide weekly contacts between the practitioner and the parent, although this is not always achieved. Parent education programmes are often based on cognitive behavioural therapy or parent-child interaction therapy. In a typical home-visiting programme, a home visitor offers information about child development and support on an individual basis, sometimes complemented with group sessions. Most programmes are offered on a selective (high-risk families) or indicated (families where child maltreatment has already occurred) level; few programmes are offered universally (for all families).

**Delivery setting:** most programmes, especially the home visiting ones, take place in the family's home. Other locations include agencies, community centres or hospitals.

**Required qualifications:** whereas the majority of programmes uses the services of professionals or para-professionals, some use volunteers [5].

**Required resources:** parent educators and home visitors need to be trained. In addition, programmes require a well-planned referral system, in which at-risk and abusive parents are adequately identified, receive a needs assessment and are subsequently referred to a relevant programme. This process needs to be monitored through competent case management in order to ensure that the families receive an optimal service and take part in the programme. In order to facilitate this, the programmes need solid embedding in organisational structures with a clear allocation of tasks, an adequate management structure and services with low thresholds. In order to facilitate early identification of at-risk and abusive parents, close collaboration with pediatricians and general practitioners is required.

**A programme example:** The ‘Early Start Programme’ ([www.earlystart.co.nz](http://www.earlystart.co.nz)) was developed in New Zealand and comprises an intensive home-visiting module. It focuses on families with newborn babies which, based on social and family circumstances - e.g., mental health issues, substance abuse, poverty - are considered to be at risk of maltreatment and poor health. The services are provided in the long term (until five years) and families in high-risk situations are referred by health and community agencies, although self-referral is also possible. Families take part on a voluntary basis. The programme uses a systematic approach in which family support workers, who hold professional qualifications, help families acquire positive parenting skills, develop personal strengths, promote home safety and cease negative habits. An evaluation report, published in 2012, showed positive effects after three years in areas such as child-rearing, children’s hospital admissions and problem behaviour. Similar effects could be found after nine years.

## Effectiveness

Several recent meta-analyses have documented the knowledge about different types of preventive programmes against child abuse and neglect. They examined the effectiveness of a range of different types of programmes at once, such as home-visiting programmes, parenting education and multi-component programmes [5-7]. Overall, these analyses showed a positive effect in reducing child maltreatment. One of these analyses showed, for example, that the rate of maltreatment is 31% lower among the parents who received the programme compared to the parents who did not [7]. There is also evidence that these programmes affect several factors that are associated with an increased risk of child maltreatment, such as dysfunctional parent-child interactions [6]. Although it is difficult to separate the effects of parent education programmes and home-visiting ones because many programmes contain elements of both, some meta-analyses had a primary focus on one of the two programme types.

Home-visiting programmes have shown a reduction in reported maltreatment by 39% after the programme [8] - part of these programmes was also complemented by parent group meetings. There is evidence that their effects on child maltreatment and family wellness are sustained or even increase in the long term [5, 9]. These results are probably conservative because the likelihood of maltreatment discovery is increased in families who receive home visitors compared to families who do not. Only a very small number of studies have included objective measures of child abuse, which limits research findings [5, 10, 11]. Studies that have been conducted suggest that these programmes may be effective in reducing abuse, both immediately and in the long term [5, 11], but definitive conclusions cannot be drawn.

Evidence on the effects of parent education on factors that are affiliated with abuse is more robust [11]. Specifically, parents who received the programme displayed fewer attitudes linked to abuse, better emotional adjustment and more adequate child-rearing behaviours afterwards. Few studies have examined long-term effects; those that have, have shown encouraging results regarding attitudes linked to abuse and somewhat more tempered results for emotional adjustment and child-rearing behaviours. It should be noted that 15 of the 25 parenting programmes included in this analysis also contained a home-visiting component, which makes it difficult to isolate the effect of parent education.

**Influencing factors:** across all the studies, several aspects emerge that seem to be associated with better programme effects. Programmes including the services of a home visitor are more effective than those without [11]. Professional home visitors (nurses or mental health workers) have been found to be more effective than para-professionals who have been trained for the particular programme, but lack formal training in other relevant subjects, such as health care [8].

Multi-component programmes are more effective than single-component ones [5, 8]. For example, programmes that use both a group component and an individual one have been shown to be more effective in changing parents' attitudes linked to abuse than programmes that only use a group or an individual component [11]. Similarly, programmes that combine components that are provided at home with components offered in an office are also more effective [11]. More intensive programmes in terms of a longer duration and a higher amount of sessions are more effective than less intensive programmes [5, 8, 11].

There is some evidence that the effects of programmes that are offered on a selective basis (for families in high-risk situations) are sustained or even increase over time, whereas those of indicated programmes fade [5]. Although one explanation for this may be that abusive families have more difficulty to change than at-risk families, another explanation may be that programmes for at-risk parents start earlier than those for abusive ones. Thus, it may be important to start programmes at an early age.

Experiences in practice show that home-visiting programmes and parenting education training can only attain their full potential in cases of child welfare risk if firstly, corresponding measures are provided by the programme and secondly, measures can be connected to case law and the procedures of child protection authorities. To this end, it is helpful for programmes to be integrated systematically into existing procedures.



Photo: Caleb Woods, CC

## **Conclusions and recommendations**

Research findings suggest that child abuse prevention programmes are able to reduce maltreatment. This is especially the case for programmes that contain home-visiting elements. Evidence on the effects of parent education is less robust due to the small number of studies available, but emerging findings are promising. Evidence indicates that the most effective programmes are those that are implemented by professional and well-trained staff, and which comprise a more intensive schedule of longer duration and higher frequency. In addition, programmes that combine several components, including both individual and group-based ones, are more effective.

Interventions appear to have better effects if the risk of child maltreatment is recognised early on and action is taken [4]. A well-developed system for early detection is essential. Child maltreatment detection may be delayed by fears of frontline professionals (e.g., the fear of being wrong, of stigmatising a family, of the serious consequences and of reprisals by parents). This problem can be partially addressed by appointing a designated professional who will assist with a first assessment. This person should be familiar with the problem, the applicable legislation, procedures and the resources available. Every geographic area could profit from having such a designated professional [13].

Children exposed to domestic violence between parents suffer the same health problems as children who are abused. Many of the topics addressed in this chapter also apply to this target group. There is limited international knowledge as to which concrete programme elements are most effective [12]. More detailed research is required on what distinguishes successful from unsuccessful programmes (see Chapter 1). Many institutions deal directly with abused children and parents who are suspected of child abuse. High-quality impact assessments for the introduction of new intervention approaches can be helpful in making the system of child protection measures more effective.

### 3. Parent training to manage adjustments problems in infants and toddlers

- Universal
  - Selective
  - Indicated
  - Family
- School  
Social Environment

- Before birth  
Infancy (0-1)
- Early Childhood (1-7)
  - Middle/Late Childhood (7-9)
  - Early Adolescence (9-13)
  - Middle/Late Adolescence (13-18)

**Goals**  
Teach parents positive parenting skills in order to reduce children's behaviour problems.

**Target group**  
Parents and caregivers of children with behaviour problems.

**Risk factors**  
Aggressive behaviour, childhood conduct problems, early behavioural problems, overwhelmed parents, inadequate child-rearing skills.

**Overall effectiveness**  
Effective.

Training programmes for the parents of infants and toddlers aim to give guidance in dealing with their young child, enhance parenting skills and improve the interaction between children and parents.

The programmes are typically delivered in a group format. Available meta-analyses suggest that these programmes have promising effects on infants' and toddlers' emotional and behavioural adjustment, as well as on parental well-being.

However, more research needs to be conducted to examine their specific short- and long-term effectiveness.

## The problem

Children's well-being in the first years of their life influences their development in several domains in life. For example, children's early emotional and behavioural problems are related to later criminal behaviour, psychological distress, substance abuse and failed success in work and marriage (e.g., [1, 2]). Evidence suggests that sensitive parenting and positive parent-child interactions are vital in fostering healthy child development and in preventing or reducing antisocial behaviour [2, 3]. Programmes have been designed for parents of infants and toddlers to provide them with the knowledge and support structure to promote positive parenting.

## Goals

Parenting programmes build on a range of theoretical approaches, but their commonality is that they are relatively short term, designed to aid parents to foster healthy relationships with their child and improve their parenting skills, as well as their own well-being. By changing parental attitudes and skills, these programmes aim to reduce a range of emotional and behavioural problems in children, including tantrums, aggression, oppositional and antisocial behaviour.



Photo: Aditya Romanisa, CC

## Delivery

Parenting programmes are structured through the use of a manual or a standardised curriculum. Parents either enroll because of their own interest or, in the case of indicated and selective programmes, are made aware of them by health or social care professionals.

**Delivery format:** programmes usually have a duration of about eight to 12 weeks and are offered for about one to two hours a week, although there are large differences between them. Some programmes are delivered on a one-on-one basis, whereas others are group-based ones. They are usually delivered after the birth of a child, although some programmes also contain components that are delivered during pregnancy. Depending on the particular programme, educational techniques can be used, which include discussions between the participants, role-play, watching video vignettes of typical family situations and homework. The information delivered relates to the general health and care of an infant, infant development and parent-infant interaction. Some programmes are delivered to the parents only (without the children being present), whereas others also include interactions between parents and children.

**Delivery setting:** programmes can be delivered at a universal, selected, or indicated level. Universal implementations are offered to all interested parents, whereas selective programmes are delivered to the parents of those children that are thought to be at high risk of developing emotional and behavioural problems. Indicated implementations are targeted towards children who have already shown behavioural or emotional problems. The programmes are delivered in hospitals or social work centres, but also in community-based settings, by telephone or in participants' homes.

**Required qualifications:** programmes are delivered by qualified, trained professionals including nurses, midwives and physicians.

**Required resources:** the organisational requirements are highly dependent on the specific programme. Small-scale programmes may be implemented with little resources and little organisational embedding. On the other hand, large-scale programmes may need a considerable amount of organisational embedding and, accordingly, a clear division of tasks, an adequate administration system and a larger budget.

**A programme example:** The Incredible Years Parents and Toddlers Programme ([www.incredibleyears.com](http://www.incredibleyears.com)) is a group-based parenting programme series that was initially founded in the United States and has also been implemented in several European countries. The series includes both universal and indicated programmes; it also contains parenting programmes for the parents of babies and toddlers. These are positive parenting programmes incorporating a collaborative approach of group discussions, modelling, watching video vignettes, home activities, etc. The baby programme comprises eight to 10 weekly two-hour sessions, whereas the toddler programme includes 12 to 13 weekly two-hour sessions. The programmes aim to promote positive parent-child relationships, attachment and interactions through a focus on a particular aspect, e.g., encouraging child-directed play, discouraging harsh parenting practices and using praise and rewards. Overall, the programme's goal is to enhance children's emotional, behavioural and academic functioning and reducing problem behaviour in both childhood and adulthood, such as criminal behaviour and substance use.

## Effectiveness

The following findings are relevant as to the effectiveness of programmes for the parents of infants and toddlers, according to meta-analyses. Brief group-based parenting programmes (four-12 weeks) have shown promising effects in reducing emotional and behavioural problems in children aged three years and below [4]. The included studies were implemented in the United States, the United Kingdom and Canada. Directly after the programme, parents reported fewer emotional and behavioural problems in their children than parents of children in the comparison group. Independent observers, such as teachers, confirmed this. At three to 12 months after the intervention, parents still reported fewer emotional and behavioural problems, but independent observers did not. All mentioned results are based on a limited number of studies (three to six).

The effects of education for the parents of infants within the first two months after birth are unclear. An analysis of those four studies that reported usable data suggests that those mothers who received education on infant behaviour reported more knowledge when their child was four weeks old compared to other mothers [5]. Furthermore, children whose parents received education on sleep enhancement slept 29 more minutes during the night at six weeks of age compared to the children of parents who did not receive it. On the other hand, this type of education did not affect infants' crying time. Parenting programmes specifically focused on teenage parents may be effective in improving the well-being of teenage parents and their children [6]. This is particularly the case for those programmes that aim to improve parent-infant interaction. Both immediately after the programme and at follow-up, parents who attended it displayed better parent-child interactions than parents who did not. For example, the infants whose parents attended the programme showed

increased responses to their parents and were better able to understand language. There was no effect however on parents' sense of competence in the parenting role, including parents' empathic awareness and non-belief in corporal punishment.

Moreover, it is noted that the methodological quality of the included studies was poor and that the parenting programmes displayed much variety. For example, they varied in their format (individual versus group-based), the focus and duration of the programme, and the children's age, which limits the generalisability of the findings. In addition, all mentioned results are based on a limited number of studies (three to six). It is currently unclear whether the programmes reduce children's emotional and behavioural problems in the long term.

**Influencing factors:** very little is currently known about the programme elements that influence a programme's effectiveness among babies and infants. One finding that has been reported is that programmes that focus on stimulating positive interactions between infants and their parents seem to be especially effective, at least among programmes focused on teenage parents [6].

### Conclusions and recommendations

Parent training programmes for the parents and caregivers of infants and toddlers have shown promising results in enhancing children's emotional and behavioural adjustment. Overall, the

programmes have shown positive effects, including improved parent-child interactions and reduced child problem behaviour.

However, the meta-analyses we reviewed included only a few studies that were specifically focused on training for parents of infants and toddlers. Moreover, because the included studies are so diverse, it is unknown to what extent these results can be generalised to other parenting programmes. It is also unknown whether programmes are effective in the long term and which particular programme elements are effective and which are not.

The programmes included in the overview studies usually have a strong theoretical basis, well-defined intervention goals, a good didactic structure with multiple forms of learning and are relatively intensive. These criteria should also be taken into account when selecting programmes.

It is important to provide timely and adequate assistance to the parents of young children with behavioural problems and to parents who are in vulnerable situations (e.g., with mental health problems, substance abuse or domestic violence). Further research that shows how at-risk groups can be better reached is needed.



Photo: Tina Floersch, CC

## 4. Parent training to manage disruptive behaviours in early to late childhood

- Universal
  - Selective
  - Indicated
  - Family
- School  
Social Environment

- Before birth  
Infancy (0-1)
- Early Childhood (1-7)
  - Middle/Late Childhood (7-9)
  - Early Adolescence (9-13)
- Middle/Late Adolescence (13-18)

Parent training programmes are initiatives in which parents are taught parenting skills to manage and reduce their children's disruptive behaviour.

The programmes are generally short and operate under the assumption that parents can successfully function as change facilitators for their children. Available meta-analyses conclude that this kind of programme is effective.

**Goals**  
Teach parents positive parenting skills in order to reduce children's behaviour problems.

**Target group**  
Parents and caregivers of children with behaviour problems.

**Risk factors**  
Aggressive behaviour, childhood conduct problems, early behavioural problems, overwhelmed parents, inadequate child-rearing skills.

**Overall effectiveness**  
Effective.

## The problem

Early behavioural problems in children can affect negatively later success in life. For example, children who display behavioural problems in elementary school are at an increased risk for later delinquency, conduct disorder, juvenile and adult arrest, antisocial personality disorder and school dropout [1-3].

The financial burden on society caused by children's behavioural problems is substantial. Children suffering from conduct disorder at age 10 are 10 times more costly than children with no problems by age 28. The high costs include those caused by crime, extra education provisions, foster and residential care, as well as state benefits in adulthood [4].

Inadequate parenting has been found to be one of the most important precursors for behaviour problems and delinquency [5, 6]. It is therefore expected that improvements in parents' child-rearing skills leads to reductions in their children's behavioural problems. In order to improve these skills, a range of parenting programmes has been developed. These are typically (cognitive-) behavioural or non-behavioural initiatives, where parents are taught adequate parenting skills. In (cognitive-) behavioural parenting programmes, parents are taught how to function as role models and how to positively reward their children's desirable behaviour and punish or ignore negative behaviour. Non-behavioural programmes focus on establishing patterns of positive communication and mutual respect between parents and children [7, 8].

### Results from the z-proso study: Problem behaviour in seven-year old children

In Zurich, 10% of seven-year-old children display at least three out of 21 symptoms of oppositional behaviour, negative conduct or aggressive behaviour often or very often, according to their teachers. Such symptoms occur more often among children who are not adequately monitored by their parents or whose parents use corporal punishment.

*Source: Original data analyses, Zurich Project on the Social Development from Childhood to Adulthood - z-proso*

## Goals

Parent training programmes are designed to reduce conduct problems and oppositional behaviour in children. Inadequate parenting skills are viewed as an important factor. As a consequence, parents are seen as central persons who can assist in changing their children's problematic behaviour. Some programmes have embraced additional related aims, including increasing parents' emotional health and social support.

## Delivery

Parenting training programmes typically comprise short-term structured, manualised programmes. Some programmes attempt to increase participation rates by providing transport and childcare facilities to the parents. Some also include therapy for the children.

**Delivery format:** training is offered both on an individual (face to face or by telephone) and group basis. In addition, training is also provided through videos or paper course materials. Areas covered in parent training include effective strategies for using rewards, praise, time-outs and discipline. Furthermore, parents are taught strategies for coping with their own feelings of anxiety and anger, strengthening their children's social skills and gaining access to or utilising social support. Sessions may include group discussions, role-play, watching video clips and practising techniques to do at home. Group-based programmes are of varying duration, ranging from four to 24 weekly sessions, with an average of 10 to 12 two-hour weekly sessions [7, 9]. Most programmes are delivered on a voluntary basis. However, in some countries, such as England and Wales in Britain, and Switzerland, so-called 'parenting orders' have been instituted. These orders apply to the parents of antisocial children and youths, and enable judges to oblige parents to follow parenting courses [10].

**Delivery setting:** programmes can be delivered on a universal, selective or indicated level. They are offered in a variety of settings, including schools, hospitals, community centres, offices or at home.

**Required qualifications:** the programmes are delivered by a variety of professionals, including psychologists, counsellors and social workers. High-quality programmes require facilitators who have been

given extensive training by child psychologists. Some programmes also require the group facilitator to be accredited.

**Required resources:** a successful implementation requires a solid organisational embedding with an adequate referral and administration system, and good monitoring of implementation quality. Programme costs are considered to be modest when compared to the short- and long-term costs of a child's disruptive behaviour [7].

**A programme example:** The Parent Management Training, Oregon Model (PMTO) was originally developed by leading child psychologist Gerald Patterson. It is aimed at parents of preschool and primary school children who are worried about their child's aggressive and oppositional behaviour. The programme is taught by trained therapists in weekly one-on-one sessions with parents. The therapists receive regular supervision for quality control. Core elements are lessons in five areas: encouraging positive behaviour, setting limits, observing behaviour, identifying problem solutions and sharing activities with the child. Lessons, role-plays and exercises are used. Since the programme targets parents of children with problem behaviour, it is relatively intense, with 12 to 20 weekly sessions. Apart from the United States, PMTO has been implemented in the Netherlands, Denmark and Canada, among others. In Norway and Iceland, the programme was gradually introduced nationwide due to the strong support for the programme in research findings.

## Effectiveness

Overview studies of results from primarily the United States, but also from Europe and Australia, show positive results. Parenting programmes appear to be effective in reducing children's problematic behaviour immediately after the programme. Both parents and independent observers reported moderate to large reductions in conduct problems among the children whose parents received the programme compared to other children [7, 9, 10].

Furthermore, there have been positive improvements in parents' mental health, self-efficacy, negative perceptions, parenting practices, children's emotional problems, children's cognitive skills and parent-child interactions [7, 8, 11].

The effects of behavioural parenting programmes in improving child behaviour, parental behaviour and parental perceptions remain up to one year after the programme ended [8, 10]. Furthermore, there are some indications that parenting training reduces children's delinquency and criminal behaviour in adolescence and adulthood as well [12].



Very little is known about the effectiveness of parenting orders. An evaluation of pilot projects showed that those parents who were ordered to attend parenting programmes reported that they needed help in dealing with their child's problem behaviour before the programme started [14]. In addition, these parents reported as much satisfaction with the programme as parents who attended the programme voluntarily. Furthermore, parents who were ordered to attend the programme reported that their parenting practices had changed positively as often as parents who attended the programme voluntarily. However, it is unclear to what extent the children's problem behaviour changed after the programme.

**Influencing factors:** there are several important findings on the factors that influence the effectiveness of parenting programmes:

- More beneficial effects have been found for programmes with high levels of implementation fidelity, meaning that the programme is faithful to its designed protocol, the therapists receive high-quality training and the organisation implements ongoing support and supervision [7].
- Several specific components of parenting programmes have been shown to be effective, including a focus on positive parent-child interactions and emotional communication skills, the use of time-outs and an emphasis on consistency in parenting [11]. On the other hand, less effective elements include teaching problem-solving and the promotion of children's cognitive, academic or social skills.
- More beneficial effects are achieved when parents practise their newly learned skills with their children during the sessions.
- The provision of extra services beyond the standard programme components, such as mental health services, substance abuse services, social support or stress management, was not shown to be very effective.
- Parents, especially those from disadvantaged backgrounds, seem to benefit more when they receive individual compared to group training [8].

## **Conclusions and recommendations**

Based on research findings, it is reasonably well established that parenting training can be effective in reducing child problem behaviour in the short-run and can improve parenting skills up to one year after it. We, therefore, consider high-quality parent training programmes as an appropriate component of the prevention landscape.

The effects are greater in target populations where children already show behavioural problems and parents lack child-rearing competences. Little is known about the long-term effects of parenting training. Scientific evidence suggests that the best results are achieved when the programmes are characterised by a high degree of implementation fidelity and well-qualified staff and include institutionalised support and supervision. Furthermore, active participation and the use of different learning strategies is important.

Finally, programmes that focus on positive child-parent interaction, as well as consistent but warm discipline, have shown more effectiveness. Such criteria should be considered in practice when selecting recommended parenting training programmes. In addition, it might be useful to work towards a quality label in the field of parenting.

We consider more intensive parent training for parents of children with behavioural problems to be a particularly useful prevention strategy. There is a lack of knowledge about how programmes that have proven to be effective in small clinical trials can be put into practice. We, therefore, recommend collaboration projects between practice and research in order to advance the integration of effective parent training into the existing offer.

# Preschool skills development

## 5. Preschool learning and support programmes

- Universal
  - Selective
  - Indicated
- Family  
School
- Social Environment

Before birth  
Infancy (0-1)

- Early Childhood (1-7)

Middle/Late Childhood (7-9)  
Early Adolescence (9-13)  
Middle/Late Adolescence (13-18)

**Goals**  
Improvement of learning and social competencies. Long-term effect on adaptive behaviour.

**Target group**  
Preschool children, often from disadvantaged backgrounds, children with developmental delays, children at risk for lacking school readiness.

**Risk factors**  
Emotional and cognitive deficits, hyperactivity, difficult temperament, early behavioural problems, lacking developmental parental support, family poverty.

**Overall effectiveness**  
Promising.

Preschool learning and support initiative encompass, on one hand, specific learning and support programmes for individual children or groups and, on the other hand, the general quality development in external childcare facilities.

As selective or indicated programmes, they support parents from disadvantaged backgrounds and children with disabilities and developmental delays. As universal programmes, they can be integrated into preschool childcare provision. Preschool learning programmes aim to prepare children for entry into school, provide social and cognitive skills, and reduce early behavioural problems.

The programmes are meaningful for the prevention of violence, but also include other related goals. Some programmes have revealed long-term positive effects well into adolescence and adulthood.

At the same time, there is evidence that nationally implemented programmes do not have the same positive results and that external care in childcare centres is associated with behavioural difficulties in children and adolescents.

## The problem

Early aggressive behaviour, cognitive or emotional deficits and a lack of school readiness can have serious negative effects later in life. These include an increased probability of antisocial behaviour, delinquency, violence, school dropout, unemployment, psychological problems and low social competence. Children from disadvantaged or dysfunctional families are more likely to display behavioural and psychosocial problems and to lack school readiness than other children.

## Goals

Preschool learning programmes are designed to promote school readiness and to reduce early risks for later socio-emotional behaviour problems. They are therefore relevant for violence prevention, but also focus on other goals. They intend to reach their goals by offering the parents and their children a supportive learning environment. This helps young children increase their academic capacities, cognitive abilities and prosocial behaviour. For children from disadvantaged families, the programmes are aimed to compensate for the effect of economically disadvantaged backgrounds and negative parenting. Although programmes primarily target preschool children, they may continue throughout the first years of primary school in some cases.

## Delivery

**Delivery format:** preschool learning programmes, particularly those for disadvantaged children, often comprise two components [1]. The first focuses on the children and involves centre-based activities. The second focuses on the parents and involves parenting courses and/or home visits (please refer to other chapters for an overview). Programmes may be tailored to the individual needs of each child or be more standardised, targeting the achievement of developmental milestones. Well-known programmes include the United States-based ‘Chicago School Readiness Project’, ‘Head Start’, and the ‘High Scope Perry Preschool Programme’. Most programmes offer the promotion of social and cognitive skills, healthy habits and prosocial behaviour. Children can be involved in both individual and small group sessions. Programmes offering academic enrichment include a more comprehensive support structure that involves community members and social agencies.

**Delivery setting:** preschool learning programmes can be implemented in nurseries, kindergarten or community centres. Participants of programmes for disadvantaged families specifically are often referred to the programmes through social or medical institutions, such as hospitals, clinics and social services. Screening may be done on factors associated with poor intellectual, scholastic and socio-emotional progress.

**Required qualifications:** teachers or other facilitators require a degree in (early) childhood education and special training in the implemented programme. Some programmes include on-site supervision to support the teachers [1]. Well-established programmes offer clear manuals for the implementers, as well as age-appropriate learning materials for the children.

**Required resources:** the required resources depend on the scale of the programme and the delivery setting. All programmes require qualified personnel. Larger programmes also require a solid organisational embedding and programmes for disadvantaged children need a well-functioning referral system.

**A programme example:** The ‘High Scope Perry Preschool Programme’ ([www.highscope.org](http://www.highscope.org)) was designed in the 1960s and is considered to be the origin of most early intervention programmes. It aims to provide educational services and home visits for economically disadvantaged families with children aged three to four years. The curriculum is based on the notion that children learn better when they are given the opportunity to self-initiate and direct activities (i.e., active-learning approach). In particular, the child is invited to make a plan and carry it out. This experience gives him/her an opportunity to learn and practise new language and cognitive skills, as well as social skills such as independence, curiosity, decision-making, cooperation, persistence, creativity and problem solving. Results of a randomised study of 123 children showed positive effects up to the age of 40 years, including a significant reduction in prison sentences and a higher average income.

## Effectiveness

There has been relatively extensive research on preschool programmes that stimulate and support children's social, cognitive, and emotional development. Conclusions on the effectiveness of preschool programmes are generally positive, showing that children who attended the programmes fare better later on than children who did not attend. Positive results pertain especially to cognitive skills and academic achievement, but they have also been found for family wellness, school readiness and socio-emotional health [2-4].

Some evidence suggests that the effects of the programmes decrease somewhat over time [3]. However, the programmes (especially the more intensive ones) have long-term effects, with studies showing positive results into adolescence and adulthood [4-6]. Although few studies have examined the effects of preschool programmes on later involvement in crime and delinquency, those that have suggest that preschool and daycare learning programmes reduced offending in adolescence and adulthood by 13% (five studies; [7]). Another meta-analysis that focused on cognitive programmes for socioeconomically disadvantaged children even suggested that 11 years after implementation, 74% of the control group had ever engaged in delinquency, whereas 30% of the intervention group had. It should be noted, however, that this latter meta-analysis included only three studies [5].

Despite these positive results, however, there are concerns about the effectiveness of programmes when rolled out nationally, at least in the United States. Here, the national implementation of the programme 'Head Start', which promotes the social and cognitive development of disadvantaged preschool children, yielded limited or no long-term effects on either academic achievement or socio-emotional development [8]. One explanation may be that many of the children in the control group also received some form of non-parental care. Since the quality of these childcare services has improved in recent years, it may not be much lower than the quality of the 'Head Start' services. Furthermore, the quality of the 'Head Start' programmes may have been too low in this national implementation, resulting in few benefits for participating children.

Most of the studies that were included in the mentioned meta-analyses were specifically focused on disadvantaged children. On the other hand, much less is known about universal preschool programmes that are integrated into general preschool childcare provision. Although studies on early centre-based childcare have found that high-quality external childcare can be associated with better cognitive skills (e.g., [9]), spending more time in childcare centres is also associated with increased aggressive and other problem



behaviour, irrespective of the quality of the centres (e.g., [10]); similar findings have been published for Switzerland [11-13]).

**Influencing factors:** little is known about the factors that influence the effectiveness of preschool prevention programmes, particularly so when it comes to the effects on problem behaviours. The available evidence suggests the following considerations:

- Programmes with a longer duration (e.g., extended for more than one or even three years) seem to be associated with greater gains than shorter programmes ([4-6]; but see [3], which did not find a significant effect of programme length).
- Programmes that are more intensive (e.g., more than 300 or even 500 sessions) seem to yield greater gains than less intensive programmes ([4-6]; but see [3] which did not find a significant effect of programme intensity).
- There is some evidence that suggests that programmes with follow-through components into elementary school are more effective than other programmes [4, 6].
- The previously highlighted findings that a national implementation of the ‘Head Start’ programme in the United States did not produce many beneficial results and that spending time in general childcare centres has been associated with an increased risk of problem behaviour may mean that quality control, implementation fidelity and a focus on disadvantaged and special needs children are important.

### **Conclusions and recommendations**

Overall, meta-analyses suggest that center-based preschool programmes may be a promising way for disadvantaged children to increase their educational and cognitive capacities and to reduce behaviour problems and delinquency.

However, care should be taken not to accept these findings indiscriminately for at least three reasons. First, the same positive results were not produced in a national roll-out of the ‘Head Start’ programme in the United States. Second, studies have shown that spending more time in centre-based care is associated with increased problem behaviour. Third, further complicating the discussion is that most of these findings come from the United States, where the socio-economic landscape is very different from other countries.

One cautious conclusion that could be drawn from the various research findings is that quality control and implementation fidelity seem to be important in determining the success of a programme. Furthermore, the programmes seem to be mostly adequate for children from disadvantaged homes, where there is a lack of positive parenting and a dearth of emotional warmth and support.

Over the past decade, substantial efforts have been made in Western countries to improve the quality of early childcare provision. We believe that these efforts should be further expanded and monitored.

# School programmes

## 6. School management

- Universal
- Selective
- Indicated
- Family
- School
- Social Environment

- Before birth
- Infancy (0-1)
- Early Childhood (1-7)
- Middle/Late Childhood (7-9)
- Early Adolescence (9-13)
- Middle/Late Adolescence (13-18)

The basis for any school-based violence prevention initiative is a well-functioning school that promotes the healthy development of children, encourages learning and deals with behavioural problems effectively.

School management programmes are aimed at helping educational institutions to create a positive environment in order to enhance students' academic achievement and social behaviour.

The evidence suggests that improvements in school management reduce disruptive, antisocial and aggressive behaviour. Less is known about the effects of these programmes on academic and social outcomes, and about their long-term effectiveness.

### Goals

To promote a safer school environment and positive child behaviour in order to enhance learning and psychosocial development.

### Target group

Principals and teachers.

### Risk factors

Widespread problem behaviour, ineffective school management, lack of classroom discipline, poor school ethos.

### Overall effectiveness

Effective.

## The problem

Aggression, bullying, truancy, and disruptive behaviour are a major challenge in many schools. They pose a serious barrier to children's academic achievements, but also to the functioning of the school as a whole. Traditionally, schools have taken the position that social skills should be learned at home and that children who behave inappropriately at school should be given a disciplinary message that such behaviour will not be tolerated. In serious cases, this means suspensions, a change of school or permanent exclusion. More recently, there has been increasing recognition that reliance on disciplinary measures may not be the most effective approach to achieve a school environment that supports children's learning. Accordingly, preventive approaches have been implemented that teach social skills and appropriate behaviour across the school, and provide intensive support to children with behaviour difficulties.

## Goals

School management programmes target all aspects of organisation. They initiate and coordinate a planned process of change aimed to improve the general functioning of the school and create a safe and supportive environment for the academic and social development of children. This can include modifying decision-making processes, improving interactions amongst staff, pupils and parents, changing the curriculum, promoting teacher development, adapting the curriculum and implementing monitoring mechanisms. School management programmes that are mainly aimed at improving school discipline may specifically focus on school ethos and school-wide rules, health policies, classroom management, and disciplinary procedures.

## Delivery

**Delivery format and setting:** school management programmes focus on helping schools in identifying and introducing the necessary measures to build a positive climate and a favorable learning environment. Internationally well-known and research-based programmes include, for example, the 'Comer School Development Programme' and the 'Positive Behavioural Interventions & Supports' (PBIS) systems. Programmes usually involve a process of change that is led by external coaches. They train a school team and assist them with identifying goals and implementing changes. During this process, school teams identify practices and school structures that are blocking the desired outcomes. Coaches offer practical advice on better strategies and their implementation. Typically, school teams maintain a permanent role within the school to monitor progress and support the new practices. The programmes all take place in the school.

**Required qualifications:** implementing a school-wide system to improve school culture and discipline requires a qualified and experienced coaching team that supports school principals, administrators and teachers. A typical training may entail an initial multiple-day seminar for the core leading members of a school and/or training for the teachers who are in the implementation team. Subsequently, an action plan is developed, followed by training for all teachers in a school. Additionally, school teams can be coached to improve communication, leadership, and negotiation skills among students and staff.

**Required resources:** general information and practical guidance about school management and health promotion are available in textbooks and documents online. Effective programmes usually entail a

**A programme example:** The 'School-wide Positive Behavioural Interventions & Supports System' (SWPBS) aims to modify the school environment by improving a variety of systems (e.g., discipline, reinforcement, data management) and procedures (e.g., office referral, training and leadership). The number of schools in the United States using the programme has grown rapidly over the past 10 years. SWPBS is not a standardised programme but it is designed to improve the adoption, accurate implementation and sustained use of evidence-based practices related to behaviour, classroom management and school disciplinary systems. Positive reinforcement (i.e., praising and rewarding positive behaviour) and behavioural assessment (i.e., assessing why problem behaviour occurs and acting on the causes) are the strongest working mechanisms of SWPBS. Core elements include systematic data collection to inform decisions, using fewer suspensions and detentions, and more immediate corrective feedback. A limited number (not more than five) of explicit, simple, and consistent rules for student behaviour are also adopted. In the United States, it was calculated that the direct costs for implementing the SWPBS system were around \$70,000 for one school but fell to \$21,000 if 10 schools implemented the system together [4].

school-based needs assessment, a planning process managed by external experts, as well as training and implementation in collaboration with experienced coaches.



Photo: Annie Spratt, CC

## Effectiveness

Two meta-analyses summarise the current evidence on school management programmes:

- One meta-analysis included 15 studies on school management programmes [5]. Findings showed that change in school management reduced delinquency, substance abuse and antisocial/aggressive behaviour. The effects translate into reductions of approximately 5% to 15%, which are meaningful reductions.
- A recent meta-analysis has exclusively reviewed the findings from 20 studies that have examined the effectiveness of the ‘School-wide Positive Behavioural Interventions & Supports System’ (SWPBS) [6, 7]. The authors concluded that SWPBS reduced classroom problem behaviour and problem behaviour in unstructured contexts outside the classroom (i.e., school yards). Programmes were also found to lead to a reduction in disciplinary referrals. However, it is noted that the meta-analysis included studies with methodologically weak designs (e.g., programmes that targeted only one or two schools).

**Influencing factors:** both the initiation and implementation of school-wide change processes (in order to improve educational, social and behaviour outcomes of pupils) pose significant challenges to any school. Currently, there is limited evidence about the factors that influence the success of such changes. However, more general research that has assessed organisational characteristics associated with successful implementation suggests that change may be more effective if [8]:

- the school and its staff are motivated to engage in a change process and to try new approaches as opposed to maintaining the status quo;
- the school can incorporate innovative ideas into its existing practices and routines;
- the proposed programme can be modified to fit a school’s organisational practices, needs, and values;
- there is a ‘programme champion’ who is trusted by staff and administrators and who can rally and maintain support for the innovation;
- the provider has the knowledge and the skills necessary for implementation;

- there is competent technical support available for the implementation of the changes (for example, monitoring and supervision).

### **Conclusions and recommendations**

Comprehensive school management strategies that are based on good theoretical and empirical evidence, a structured approach and involvement of qualified external experts can significantly reduce levels of problem behaviour in schools. Such strategies typically comprise structures that support effective learning, promote constructive and prosocial behaviour, prevent disruption and deal effectively with incidents of problem behaviour. Such strategies are recommended for implementation in practice.

It would be useful to evaluate current models of school-based models of health promotion and school development in comparison with programmes found to be effective in international research. This could help us to better understand where there may be gaps in current support systems.

## 7. Classroom management

- Universal
- Selective
- Indicated
- Family
- School
- Social Environment

- Before birth
- Infancy (0-1)
- Early Childhood (1-7)
- Middle/Late Childhood (7-9)
- Early Adolescence (9-13)
- Middle/Late Adolescence (13-18)

Classroom management programmes provide teachers with strategies and techniques that help to maintain classroom discipline, create a supportive educational environment and enhance students' positive behaviour.

Current evidence suggests that improvements in classroom management can reduce disruptive, antisocial and aggressive behaviour in the classroom considerably.

### Goals

To promote a safer school environment and positive child behaviour in order to enhance learning and psychosocial development.

### Target group

Principals and teachers.

### Risk factors

Widespread problem behaviour, ineffective school management, lack of classroom discipline, poor school ethos.

### Overall effectiveness

Effective.

## The problem

Disruptive classroom behaviour is a widespread problem in primary and secondary schools. It hampers effective learning and can trigger problematic behaviours in other students. High levels of disruptive behaviour reduce students' time spent on learning, which can lead to worse academic outcomes. Also, if teachers fail to manage their classes effectively, disruptive behaviour can escalate and spread to other members of the class. Discipline problems are more likely to emerge in classes where:

- teachers fail to be explicit about their expectations of behaviour in the classroom
- classroom rules are not repeated and reinforced
- student behaviour is not sufficiently monitored
- consequences of failing to adhere to rules are not consistently applied
- positive behaviour is not sufficiently praised and encouraged [1].

## Goals

Classroom management encompasses strategies and activities that teachers use to create an environment that supports academic, behavioural and emotional learning [2]. Classroom management programmes are proactive and preventive in that they aim to provide a set of skills and techniques that help teachers in managing their classes more effectively, to promote positive behaviour and to reduce the need for disciplinary measures.

## Delivery

Classroom management programmes provide teachers with instructional skills (e.g., guidelines on how to teach certain rules) and non-instructional skills (e.g., recommendations about ways to arrange the classroom layout) to prevent inappropriate behaviour, reward efforts and ultimately improve the learning process.

**Delivery format and settings:** depending on the programme, the implementation can comprise different elements. These include instructional components, such as lessons to enhance mutual respect, clear classroom rules and teaching strategies that encourage the active involvement of students and the maintenance of their attention. They also include school support structures that provide teachers with further informational material and constructive feedback. Teachers are guided to deal with students' needs and behaviours in an appropriate way in order to enhance their learning. Classroom management programmes are delivered by teachers in the classroom and in the school.

**Required qualifications:** practical guidance about classroom management and school management is available in textbooks, as well as documents online. Many teaching colleges and private organisations also offer training courses. However, effective programmes generally entail a school-wide needs assessment, a planning process involving external experts, and training and implementation in collaboration with experienced coaches. Effective programmes tend to be tailored to the specific needs of each school and are based on theory and empirical research. The training can require several days and may include classroom observation and subsequent practical feedback. For example, in the 'Classroom Organization and



Management Programme' (COMP), a teacher can be trained to become a certified trainer who can deliver and monitor the programme on site. For the 'Good Behaviour Game' (a classroom management technique), group training can be delivered in half a day, followed by a number of classroom observations throughout the year.

**A programme example:** The 'Classroom Organization & Management Programme' (COMP), developed by Carolyn Evertson, provides a comprehensive system for improving classroom management at primary and secondary schools [2]. The main components are organising the classroom, planning and teaching rules and procedures, managing student work, improving student accountability, maintaining good student behaviour, planning and organising lessons, starting the year well and maintaining momentum throughout. Teachers and/or other school personnel initially attend a three-day workshop; four months later, they attend a one-day follow-up session. Qualification as a COMP trainer requires an additional five-day training session [1]. Twelve studies have examined the effectiveness of COMP, finding significant reductions in classroom disruptive behaviour, a decline in the use of school disciplinary measures and an improvement in academic achievement.

**Required resources:** these vary depending on the intensity of the programme. An evidence-based strategy requires a consideration of the costs for the teacher training, the materials, supervision and classroom observation. It may be cost effective for schools to train a member of staff as an in-house trainer.

### Effectiveness

A first comprehensive meta-analysis reviewed the effectiveness of classroom management programmes [1]. Most studies tested either the 'Classroom Organization and Management Programme' or the 'Good Behaviour Game'. Based on 12 studies, it was concluded that classroom management practices reduced problem behaviour, including disruptive, inappropriate and aggressive behaviour. This suggests that teachers who use effective classroom management can expect to experience significant improvements in student behaviour, thereby helping to establish a context for positive learning.

**Influencing factors:** the small number of available high-quality evaluations limits the extent to which firm conclusions can be drawn about the factors that influence the effectiveness of these programmes. However, Oliver et al. [1] emphasise three general components that are likely to enhance success:

- an emphasis on a school-wide support system and on proactive classroom management planning rather than on individual initiatives;
- the selection of programmes that are research based, delivered by qualified trainers and accompanied by extensive support materials;
- the provision of support to the teachers who are implementing the classroom management plans, via performance feedback by trusted and qualified specialists.



## **Conclusions and recommendations**

Effective classroom management is a core component of positive school development. International evidence suggests that research-based classroom management systems help teachers to maintain discipline; such systems can lead to substantial reductions in disruptive behaviour and in the use of more traditional disciplinary measures, as well as to improvements in academic achievement.

Evidence suggests that schools can benefit from adopting a consistent approach, whereby all teachers and staff members receive training and support for implementing classroom management standards. There is insufficient evidence on the extent to which individual initiatives by teachers are effective. We recommend that schools use programmes that are tailored to their specific needs and that provide high-quality training and supervision.

Classroom management is an integral part of teacher training in some countries, such as Switzerland. However, school-wide training that is based on a comprehensive and evidence-based programme supported by external specialists is still rare in Swiss schools and has not been tested. This may be partly due to the lack of specialised providers. Experts at teaching colleges can provide advice and support to schools wishing to implement this type of programme.

Effective classroom management is often a core component of school management programmes (Chapter 6) or anti-bullying programmes (Chapter 8). We recommend that schools adopt one comprehensive system that considers all aspects, rather than a mix of different approaches.

## 8. Anti-bullying programmes

- Universal
  - Selective
- Indicated  
Family
- School
- Social Environment

- Before birth  
Infancy (0-1)
- Early Childhood (1-7)
  - Middle/Late Childhood (7-9)
  - Early Adolescence (9-13)
- Middle/Late Adolescence (13-18)

**Goals**  
To prevent or reduce school bullying.

**Target group**  
School children and teachers.  
Some programmes also target other school staff and parents.

**Risk factors**  
Negative school climate, lack of discipline in the classroom, support of the perpetrators by their peers, poor enforcement / control of rules and disciplinary measures in the school, lack of help for victims of bullying.

**Overall effectiveness**  
Effective.

Anti-bullying programmes seek to prevent or reduce aggressive behaviour in schools. Evidence suggests that they can have a significant effect in reducing victimisation and perpetration of school bullying.

Better outcomes are obtained when programmes incorporate elements of improving playground supervision, disciplinary methods, classroom management/rules, teacher training, whole-school anti-bullying policies, information for parents and parent training or meetings. Programmes for the prevention of cyberbullying are described in chapter 20.

## The problem

Bullying is the repeated and intentional aggression by one or several children against a child, in the context of a power imbalance between victim and perpetrator [1]. It is a widespread problem in kindergartens, primary schools and secondary schools in many countries.

Data from the 2006 'Health Behaviour in School-aged Children' survey suggests that 27% of Swiss boys aged 11 to 15 years were involved in bullying, ranking Switzerland at 15 of 40 countries that were compared [2]. Some pupils are more at risk of getting involved in bullying as victims or perpetrators than others. For example, the risk of being victimised is higher for children with internalising problems such as depression, withdrawn-submissive behaviours, loneliness and isolation, lack of leadership skills, and poor sociability. Risks for becoming a perpetrator of bullying include higher levels of aggression, low social skills and difficulties at school [3]. The perpetrators of bullying are also at an increased risk to become the victims.

### Results from the z-proso study: The development of bullying over time

Bullying becomes less common as children become older. In the z-proso study, children in year 2 of primary school (aged 8) were asked about their current bullying experiences. In total, 25% reported that they were being bullied at least once a week. The most common types of bullying were teasing and being physically attacked. At age 15 years, about 9% of the children who participated in the study still reported that they were victims of bullying at least once a week; the five bullying types included in the survey at this age were ignoring and excluding, insulting or taunting, physically attacking, destruction of belongings, and sexual harassment. Findings from the same study also suggested that being a victim of bullying has severe and lasting consequences, including an increased probability of depression and anxiety.

*Source: Zurich Project on the Social Development from Childhood to Adulthood, z-proso [4]*

## Goals

Anti-bullying programmes aim to change the processes that enable bullying. They attempt to stop the implicit support for bullies by promoting children's awareness of bullying and its consequences. In addition, they enhance children's skills to respond effectively to bullying. Finally, they sensitise teachers and parents to the problem and provide them with clear rules about how to intervene.

## Delivery

**Delivery format and settings:** school-bullying programmes include a range of activities and elements, such as instructions, role-playing, classroom-based discussions, internet-based virtual learning, counselling, anti-bullying games, anti-bullying policy development and playground supervision. Well-known programmes that have been found to be effective in outcome studies include the Norwegian 'Olweus Anti Bullying Programme', the 'Steps to Respect' programme by the United States charity Committee for Children and the Australian 'Friendly Schools' programme. Programmes can vary in length, ranging from days to months [5].

There are two main approaches to deliver these programmes. The first is an approach that involves the entire school community and encourages changes at the school, classroom and individual level. The second approach involves curriculum programmes, designed to promote anti-bullying attitudes and skills in the classroom. This latter approach seems to be less effective but requires fewer resources, which makes it a feasible alternative for institutions with limited budgets. While the majority of anti-bullying programmes is restricted to targeting victims and perpetrators, more encompassing approaches also involve bystanders, teachers, parents and the wider school community. The involvement of additional actors can enhance the effectiveness of programmes and support those who have been victimised. Bullying programmes take place in schools.

**Required qualifications:** successful anti-bullying programmes are generally accompanied by high-quality and detailed manuals, and require training of the school staff, usually the teachers. The training involves a number of sessions, often over two or three days, plus follow-up monitoring afterwards. In some cases, the training also comprises online technical assistance throughout the school year. Teachers learn facts about bullying, strategies to deal with it and skills to manage classroom situations. In addition, they receive feedback and the opportunity to consult about specific cases of bullying.

A programme example: an exciting development in bullying prevention is the KiVa anti-bullying programme. It was developed at the University of Turku in Finland by Christina Salmivalli and her colleagues, with funding from the Ministry of Education and Culture. Like many successful prevention programmes, KiVa is both structured and systematic. The research team has developed materials for schools, student lessons for all grades, computer games as teaching aids and a guide and website for parents. Furthermore, in each school in which the programme is implemented, a KiVa team of three adults is taught to engage with individual perpetrators and victims of bullying. KiVa teaches children to take on an active role against bullying, based on three principles: I know - meaning that they understand the problem of bullying; I can - meaning that they can learn to take action and I do - giving them the motivation to play their part in minimising the problem. KiVa has been successfully implemented and tested within hundreds of schools across Finland [7]. It has also been introduced in the Netherlands.

**Required resources:** books and websites on bullying prevention exist in several languages and offer basic information for teachers at little or no cost (e.g. [1, 3, 6]). However, effective programmes require training and supervision delivered by qualified and certified specialists. Programme providers may charge for training sessions, the certification of a local trainer (e.g., a school psychologist), supervision and support, and various materials.



Photo: Kay J. CC

## **Effectiveness**

During the past decade, several meta-analyses have examined the effectiveness of anti-bullying programmes. Overall, they conclude that they do reduce bullying. The largest and most recent meta-analysis revealed relevant effects of anti-bullying programmes [5]. On average, these programmes led to a decline in bullying perpetration of about 20% relative to the comparison group. A similar decline was found for the rate of victimisation.

Other studies that have reviewed anti-bullying programmes have arrived at similar, though somewhat less optimistic conclusions [8, 9]. For example, Merrell et al. [9] concluded that school bullying programmes enhance students' social competence, increase teachers' knowledge of effective practices and their feelings of efficacy regarding programme skills. Like the previously mentioned meta-analysis [5], this one found a reduction for reported bullying victimisation. However, it found no overall effect on bullying perpetration.

**Influencing factors:** studies show great variation in the effectiveness of these programmes. Findings from reviews suggest several factors that influence whether a strategy is effective or not. More effective programmes are characterised by [5]:

- a whole-school approach that involves all actors and combines universal, selective and indicated elements
- a sufficient intensity (dosage) and a high implementation quality
- the inclusion of firm discipline and classroom management practices
- components that target improved playground and school-yard supervision
- the involvement of parents by providing them with information about bullying and victimisation.

## **Conclusions and recommendations**

Programmes that fulfill the following criteria should be given priority: initiatives that are systematic and structured; which adopt a whole-school approach with high-quality training for all school staff; which emphasise firm discipline and good classroom management practices; where pupils are taught about the negative impact of bullying and are enabled to take adequate action against bullying; which comprise improved playground supervision and involve parents by providing them with information about bullying and victimisation.

It should, however, be noted that even evidence-based programmes sometimes fail to show the expected positive results. To ensure high-quality implementation of comprehensive bullying prevention programmes, it is essential that training by experts and careful monitoring of the implementation is in place. Information events in isolation are not sufficient to reduce it.

Farrington and Ttofi [5] recommend that bullying programmes should be accredited by national or international bodies so that schools have a stronger basis for making informed decisions about their choices.

Many schools have anti-bullying guidelines for teachers and other staff, while teacher training often addresses ways of coping with this issue. However, few schools use evidence-based structured programmes as a strategy to reduce bullying. This may be partly due to a paucity of providers who can disseminate evidence-based programmes in schools. We believe that the introduction of a carefully selected, high-quality programme for different age groups would provide a valuable complement to the options available in schools.

## 9. Social skills training programmes

<ul style="list-style-type: none"><li>• Universal</li><li>• Selective</li><li>• Indicated</li><li>• Family</li></ul> School Social Environment	Before birth Infancy (0-1) <ul style="list-style-type: none"><li>• Early Childhood (1-7)</li><li>• Middle/Late Childhood (7-9)</li><li>• Early Adolescence (9-13)</li></ul> Middle/Late Adolescence (13-18)	<b>Goals</b> To improve social competence and achieve early prevention of deviant behaviour.  <b>Target group</b> Children and adolescents.  <b>Risk factors</b> Aggressive behaviour, low empathy, low capacity to solve interpersonal problems, impulsivity, poor communication skills, low school commitment.  <b>Overall effectiveness</b> Effective.
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A lack of social skills is an important precursor to aggressive behaviour. Most skills training programmes are based on social learning and problem-solving theories. Their goal is to enhance individuals' socio-cognitive, socio-emotional and behavioural skills to regulate maladaptive behaviours.

Meta-analyses conclude that this programme has promising effects on enhancing social skills, thereby preventing aggressive behaviour.

## The problem

Children and adolescents with a high level of aggressive behaviour tend to have deficits in social and cognitive skills. These include poor social problem solving and conflict coping skills, a reduced ability to communicate effectively with others, a lack of respect for others, poor coping with anger and frustration, and a lacking ability to defer gratification and to exercise self-control.

### Results from the z-proso study: Social skills and violence

In this Swiss study, social and cognitive skills were measured starting at age seven. At every age, children who were rated as aggressive by their teacher were also found to exhibit a lack of prosocial behaviour, such as sharing things or helping and listening to others. This link became stronger as the children grew up. Also, aggressive children were less likely to know or adopt socially competent problem-solving strategies, were more likely to get angry in conflict situations and had less respect for others.

*Source: Zurich Project on the Social Development from Childhood to Adulthood, z-proso*

## Goals

Social skills training programmes are designed to enhance socio-cognitive and socio-emotional skills. Components include learning to regulate emotions appropriately and addressing distorted and biased thoughts in order to promote changes in behaviour (e.g., identifying and coping with risky situations or developing skills to deal with anger-provoking events competently).

## Delivery

Social skills training programmes generally consist of a number of well-structured sessions that are delivered by a trained teacher. Typically, programme packages include handbooks for teachers, supplementary materials and workbooks for participants.

**Delivery format:** these programmes typically consist of a curriculum with training modules that focus on relevant topics. These include, for example, understanding emotions and ways to respond to them, perspective taking and empathy, thinking about different ways to resolve conflicts, anticipation and



Photo: Ben White, CC

evaluation of consequences, self-control, anger management and interpersonal problem solving [1]. Group-based sessions (and occasionally one-to-one sessions) offer the opportunity to implement specific techniques (e.g., instruction, modeling, role-playing, feedback and reinforcement) in a lifelike environment. The intensity and number of training modules vary widely.

**Delivery setting:** programmes can be delivered at a universal, selective or indicated level. The most common universal implementations are social skills training components introduced as part of the general curriculum in kindergartens or schools. Selective and indicated programmes are sometimes delivered within schools to a subgroup of at-risk children, but they can also form part of preventive strategies outside school settings (for example, in combination with parent training). These programmes tend to be delivered in smaller groups of six to 10 children.

A programme example: The 'I Can Problem Solve' Programme (ICPS - [www.nrepp.samhsa.gov/ViewIntervention.aspx?id=211](http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=211)) is a universal school-based programme for four- to 12-year-old children. It was developed to assist children in learning non-violent methods to resolve conflicts through enhancing their interpersonal cognitive processes and problem-solving skills. ICPS utilises games, stories, puppets, illustrations, and role-playing to help children to understand their own as well as others' feelings, create alternative solutions and consider the potential consequences of their actions. In ICPS, children learn how to think, not what to think. Each lesson is 20 minutes long and delivered three to five times per week over the course of the academic year. In addition to the lessons, ICPS offers suggestions for integrating problem-solving principles into day-to-day classroom activities, a technique called 'ICPS dialoguing'. Workbooks outlining each session are available online for each age group. Prior to delivery, attendance at a two-day-long training workshop provided by the author is required. In addition to school-based programmes, delivered by trained teachers, ICPS is also available for parents. [4].

**Required qualifications:** social skills programmes are usually delivered by the teacher or by a specialised professional. High-quality programmes require training. Some programmes also include supervision, booster sessions throughout the year, quality control mechanisms and on-going online technical assistance.

**Required resources:** social skills training programmes are relatively easy to introduce in schools. Some programmes require little more than the purchase of a training manual, accompanied by teaching materials. Successful programmes generally require larger investments. This includes training by certified educators (taking up to three days), arrangements for quality control during the delivery and recurring booster training sessions.

## Effectiveness

A large number of programmes aimed at supporting cognitive, social, and emotional skills have been evaluated over the past 50 years, primarily in the United States. Overall, these studies conclude that social and emotional skills programmes can have positive effects on a number of outcomes.

The most recent meta-analysis examined 213 evaluations of universal skills training programmes delivered in schools that aimed to enhance social and emotional learning [2]. These targeted children aged five to 18 years. On average, students displayed an 11% gain in skills compared with a control group. Programmes had a positive impact on prosocial behaviour, emotional skills, attitudes, and academic performance. They also reduced conduct problems, externalising behaviours, and emotional distress. The findings are broadly in line with earlier reviews [1, 3].

These effects were generally measured immediately after the programmes were completed. Evidence suggests that there is still a small but significant effect six to 12 months after the programmes ended (although this was not the case in the Swiss z-proso study; [5]). However, very few studies have evaluated the long-term effects of these programmes.

**Influencing factors:** evaluations outline some of the factors that influence the effectiveness of social skills programmes [2, 3]. In particular, better effects were found for programmes with the following characteristics:

- high implementation quality (i.e., implemented with high integrity);
- sequencing (i.e., a connected and coordinated set of activities rather than sessions in isolation);
- active participation by the students (i.e., using coaching and modeling rather than instruction);
- a focus on specific skills and explicit goals.

Also, the largest benefits of social skills programmes tend to be found with high-risk children, where deficits often already exist.

## Conclusions and recommendations

Research findings from the past 30 years provide strong support for the effectiveness of social skills training programmes in reducing aggressive behaviour and offending.



Photo: Omar Lopez, CC

Practitioners planning to select and implement a social skills programme should carefully evaluate the adequacy of different initiatives for the target group, understand the time and financial resources needed for successful implementation, and involve all stakeholders in the planning process. This can be achieved by reading the relevant literature, consulting programme overviews on the websites mentioned in the Introduction and asking for advice from experts.

The best results are obtained when individuals complete the entire training and when programmes are carefully implemented by well-trained and supported personnel, with coherence between planned and delivered programmes. Social skills programmes may be particularly useful for at-risk populations (for example, children who experience ADHD symptoms, externalising behaviours or discipline problems). We believe that structured programmes for at-risk children can complement the work of school psychologists and social workers effectively.

These programmes are particularly effective if they are combined with preventive programmes for the family or the whole school. We believe that the introduction and evaluation of an evidence-based multilevel system (such as the German EFFEKT programme or the ‘Incredible Years’ programme) would be an important complement to the current provision of services.

## 10. Conflict resolution and peer mediation programmes

- Universal
- Selective
- Indicated
- Family
- School
- Social Environment

- Before birth
- Infancy (0-1)
- Early Childhood (1-7)
- Middle/Late Childhood (7-9)
- Early Adolescence (9-13)
- Middle/Late Adolescence (13-18)

Conflict resolution and peer mediation programmes teach students about conflict and negotiation, as well as the skills to facilitate the achievement of agreements. They belong to a broader family of programmes that support positive youth development.

On a voluntary basis, peer mediators are trained to act as neutral third parties, assisting other students in the resolution of interpersonal conflicts through non-violent means.

Evidence suggests that these programmes have a small, but significant effect on antisocial behaviour and that they may have larger effects on school climate, as well as on general conflict resolution skills for those trained as mediators.

**Goals**  
Enhance knowledge and abilities to solve peer-to-peer conflicts using mediation and negotiation techniques.

**Target group**  
Adolescents.

**Risk factors**  
Aggressive behaviour, low self-control, lacking problem-solving ability, escalating conflicts, negative school climate.

**Overall effectiveness**  
Effective.

## The problem

Students who frequently get involved in playground clashes, fights, school bullying, harassment or other violent incidents often display low self-control, a lack of empathy and respect for others, and limited abilities to tackle conflicts constructively [1]. Their inability to resolve conflicts can jeopardise their academic performance and their healthy development. In addition, a large proportion of violent and aggressive behaviour against peers involves bystanders or friends in various roles. Their behaviour has been found to be influential in whether perpetrators feel encouraged in their aggressive behaviour (e.g., when third parties consider them to ‘be cool’ or are impressed) or whether they try to resolve problems constructively (e.g., when those around them endorse norms that discourage aggressive behaviour).

## Goals

Conflict resolution and peer mediation programmes are designed to increase students’ knowledge and skills to manage and resolve conflicts to make schools safer. They aim to facilitate a better resolution of interpersonal conflicts, through enhancing students’ skills such as accepting another’s point of view, mutual problem solving and effective communication. Mediation, as a non-adversarial process of resolving conflicts, aims to reduce the prevalence and seriousness of disputes and to strengthen students’ competence to solve conflicts both in- and outside of school [2, 3]. Peer mediation is adequate for minor events (e.g., name calling, property issues, spreading rumors, teasing, rejection) but not for serious incidents (e.g., severe aggression, crimes, drug issues). When a problem cannot be solved by peer mediators, students are encouraged to seek the support of teachers or the principal to deal with the situation [2].

## Delivery

Conflict resolution and peer education in schools generally requires training in skills that are associated with a constructive and socially competent approach. In peer mediation programmes, a subgroup of pupils is trained extensively in conflict resolution skills. In the United States, where these were developed in the late 1960s, about 10,000 to 20,000 schools are believed to use some kind of conflict resolution programme [4]. Ortrud Hagedorn developed the model of ‘Konfliktlotsen’ in the 1990s, which is widely recognised in Germany.



Photo: Elliott REYna, CC

**Delivery format:** programmes target the entire school, as well as pupils who voluntarily accept a part in the mediation process (either as mediators or disputers). School teachers and principals are invited to participate in the training and/or coordination of peer mediators. School staff is also trained to take responsibility for the support of the mediators and to spread the principles of peaceful conflict resolution school-wide. Once trained, peer mediators often work in pairs to facilitate agreements between disagreeing parties. As a general rule, mediators introduce the process to all participants, then explain the rules and the aims of the mediation. Next, both parties are invited to ‘tell their story’ and express their emotions and feelings without being interrupted. This narration allows each party to present their views and experience and to further deepen this through an exploration of the backgrounds of the incident, as well as their own interests and needs. This

allows the parties involved to empathise and understand the other's viewpoint. In the next step, the involved parties, guided by the mediators, brainstorm about viable and realistic solutions. Finally, the agreement, based on the selected and agreed-upon solution, is written and signed by all the participants.

**Delivery setting:** conflict resolution and peer mediation programmes are run on school premises. Mediation can take place during lunchtime or recess in a school office, especially adapted for such purposes and allowing privacy from the rest of the pupils.

**Required qualifications:** peer mediation requires structured instruction lasting between 10 and 20 hours. Normally the curriculum includes understanding of the dynamics of conflict, problem-solving approaches, positive interpersonal communication, and skills to carry out mediation (e.g., active listening, paraphrasing, reframing, critical thinking skills, empathy, confidentiality and facilitation without judgment). The training is group based, and participants are encouraged 'to put theory into practice' using techniques such as role-playing, modelling, or feedback [2, 5].

**Required resources:** schools need to consider the costs for training the peer mediators and teachers responsible for monitoring the implementation of the programme. The training costs are partially recurrent as new students must be trained. Resources are also required for those who act in a supporting role and supervise the mediators (e.g., the teachers). Comprehensive training and a manual are essential. Schools also need to consider that the implementation of conflict resolution and peer mediation programmes must be embedded in a wider school policy of effective behavioural programmes against disruptive behaviour.

**A programme example:** The 'Conflict Resolution Unlimited' (CRU) Institute is a non-profit organisation specialising in providing peer mediation, cultural awareness and anti-bullying training programmes. It focuses on faculty, students and parents at elementary, middle, and high schools throughout the United States and in several other countries worldwide. Its goal is to teach young people effective and peaceful ways to resolve conflict and the ability to cooperate with others in a multicultural world. The CRU trains 30 specially chosen students in the school to become peer mediators. The training includes 12 hours of interactive presentations and role-play practice. Key teachers are also trained by the CRU to run and supervise the mediation programme in their school. Manuals and videos are included to help teachers perpetuate the programme. The CRU also trains parents in a two-hour session to understand and use conflict management skills with their children. Trained peer mediators help other students who are having a conflict to consider their problems and generate acceptable options for resolution. Referrals for mediations come from school administrators, teachers, counsellors or students. Peer mediators are assigned cases by a programme coordinator. The programme saves administrative time, significantly lowers suspensions and empowers students to deal effectively with conflict [6]. For two people, the complete training materials' costs are approximately \$880.

## Effectiveness

Two publications summarise the evidence on the effectiveness of conflict resolution and peer mediation programmes to date:

- The more recent publication concluded that conflict resolution education is an effective strategy for reducing antisocial behaviour [4]. It reviewed the effectiveness of programmes among students aged six to 17 years. About half of the 36 included studies were mainly based on conflict resolution instruction, i.e., teaching all children in a school the skills associated with conflict resolution. The other half included some component of peer mediation training. Overall, the programmes yielded a reduction in antisocial behaviour. For example, there was a reduction of bullied students from 28% to 20%. However, effects varied substantially between the studies, ranging from slightly negative to strong positive effects. This suggests that conflict resolution programmes only have positive effects under certain conditions.
- Studies also suggest that peer mediation and conflict resolution programmes may have positive effects on the school climate, reduce the number of disciplinary actions required by the schools and may have positive effects on the academic achievement of those trained as mediators [5].

**Influencing factors:** between studies, there is significant variation in the reported effectiveness of school-based conflict resolution programmes. Several factors seem to be associated with better effects [4]:

- Which programme is chosen is not as important as having a successful implementation. Good implementation includes a clearly articulated manual, consistent and extensive training of the providers (teachers or pupils) and systematic monitoring of the actions that take place in the school;
- Better effects have been observed in the 14-17 year age group than in 10-13 year and five-nine year age groups. This means that conflict resolution education and peer mediation may be particularly meaningful from middle adolescence onwards, whereas it is a less effective approach in primary schools;
- Finally, good integration into a comprehensive model of school-based prevention and intervention is believed to be important [7] as well as wide support and acceptance among the school staff and management.



Photo: Sam Balye, CC

## Conclusions and recommendations

Programmes that support conflict resolution and peer mediation can be a valuable component of a school-wide strategy to reduce violence and bullying and to promote a supportive climate. Peer mediation programmes are designed to solve low-level conflicts and to promote positive youth development. They cannot replace more intensive programmes in the case of serious behaviour problems.

In order to be successful, programmes must be integrated into a comprehensive school strategy. Core elements needed for the introduction of a peer mediation or conflict resolution programme include wide support by all parties including parents, teachers and pupils, sufficient resources for the implementation, and the continuation at high levels of quality. Furthermore, additional components that are necessary include the availability of professional support, supervision, ongoing training and continuous monitoring of achievements.

We recommend that this type of programme is mainly implemented in secondary schools, as current evidence suggests that conflict resolution education is more effective for this age group. More evidence, as well as indications for positive experiences in practice is needed before it can be recommended for younger children. There is currently no evidence to suggest that any particular programmes are better than others. Generally, schools interested in conflict resolution education should select programmes that explicitly focus on the nature of conflicts in their schools and options for responding to it. They should also consider programmes that include strategies for constructive self-management (emotional, cognitive, and behavioural self-control), effective communication, social perspective-taking, cooperative interpersonal problem solving, and respect for individuals and the group. Programmes should comprise direct instruction, the guided cognitive behavioural practice of social skills and strategies to help individuals manage conflict constructively.

# 11. School programmes for the prevention of child sexual abuse

- Universal
- Selective
- Indicated
- Family
- School
- Social Environment

- Before birth
- Infancy (0-1)
- Early Childhood (1-7)
- Middle/Late Childhood (7-9)
- Early Adolescence (9-13)
- Middle/Late Adolescence (13-18)

**Goals**  
Provide knowledge and skills to prevent sexual abuse.

**Target group**  
School children.

**Risk factors**  
Lack of protection for victims, negative effects of victimisation, lack of disclosure and help-seeking, lack of knowledge about helpful resources.

**Overall effectiveness**  
Promising.

School-based child sexual abuse prevention programmes are aimed at increasing knowledge and self-protective skills to help children avoid or protect themselves in potentially hazardous situations that could spiral into sexual abuse.

Trainings may also encourage children to disclose cases of sexual abuse. Although meta-analyses suggest that programmes increase children’s knowledge of potentially hazardous situations, as well as their self-protective skills, it is unknown if programmes actually reduce child sexual abuse. In addition, there is some evidence that they can have some harmful effects as well.

## The problem

Child sexual abuse is likely to occur in situations where children are particularly vulnerable because no adult is present who might protect them. It is also well known that very few children who are exposed to sexual abuse report their experiences to adults who can intervene [1]. Finally, children might be unable to understand the abusive situation and might allocate blame to themselves for their experiences.

## Goals

School-based child sexual abuse prevention programmes generally have three main goals: providing knowledge to help children identify abusive behaviours (e.g., identify inappropriate touching and awareness of body ownership), offering self-protective skills to avoid abuse (e.g., avoid secrecy about touching, say ‘no’ to inappropriate touching) and promoting disclosure (e.g., identify who can help and emphasise that the child is not to blame for the abuse). Programmes target mainly primary school children, although they have also been implemented for children at preschool ages. Programmes for secondary school ages also exist, but these place the emphasis more on dating and peer violence (see Chapter 12).

## Delivery

**Delivery format:** programmes delivered in schools encompass a set of sessions with contents that are adapted to the children’s age and are usually structured in a guidebook. They can be delivered by a variety of different instructors, including the regular class teacher, trained facilitators, mental health workers, police officers, psychotherapists, school counselors or community workers. Programmes can last from one to 15 or more sessions, although most are of short duration. Sessions typically last 45 minutes to one hour. Most programmes focus on knowledge of child abuse concepts and/or skill acquisition in protective behaviours, which may both function as protective factors against sexual abuse. The programmes use different formats and strategies. Some require little active input from the children and present the contents through lectures, picture cards, comic strips, puppet shows or films. Other programmes are more active and attempt to put the contents into practice, for example through role-plays and the rehearsal of protective behaviours. Programmes can also include meetings with parents or information to take home.

**Delivery setting:** the child sexual abuse prevention programmes we have included are delivered in schools. This has the advantage that many children can be reached.

**Required qualifications:** child sexual abuse prevention programmes require training for instructors. Normally this can be administered on school grounds for a limited number of hours. The training provides



Photo: Anna Samoylova, CC

teachers or anyone acting as a facilitator with information, instruction strategies and didactic materials to run sessions. Usually the training also prepares teachers and school staff for how to facilitate children's disclosure by introducing basic procedures that should be carried out in such cases [2].

**Required resources:** the cost varies depending on the agency offering the programme and the specific needs of schools. There are specific costs for on-site training, handbooks, and materials. Recently some agencies have started offering online instructions, which is convenient when resources and teachers' displacement are limited (e.g., [www.speakupbesafe.org](http://www.speakupbesafe.org)).

A programme example: 'Talking about touching' ([www.cfchildren.org/talking-about-touching.aspx](http://www.cfchildren.org/talking-about-touching.aspx)) is a prevention programme developed by the Seattle-based Committee for Children in the United States. The programme targets children aged four to eight years of age and is aimed at increasing children's safety skills. It includes giving clear rules about safe and unsafe touching, and incorporates these into a larger focus on personal safety skills such as car/traffic and fire safety. It comprises 15 sessions using audio-visual resources, such as photo-lesson cards, videos and song/story books. Talking about touching involves children, parents, teachers and the school community in general.

## Effectiveness

Evidence on school-based programmes for preventing sexual abuse against children has been documented in several meta-analyses, which show the following findings:

- Overall, children who took part in the programmes displayed moderate to large enhancements in knowledge and skills immediately after the programme was completed [3-5]. However, it is unknown whether the programmes are also associated with a decrease in sexual violence because this has seldom been tested. The effects on disclosure are also largely unknown due to the low number of studies that have focused on it, although some studies suggest that programmes may have a positive effect [6];
- Most studies have found evidence for the retention of knowledge at two to five months after the programme; some for longer time periods, up to one year. However, the effect decreases over time. Moreover, the evidence for the retention of protective skills is more mixed and inconclusive [4-6];
- Importantly, some studies have shown evidence for harmful effects, such as children being more fearful of strangers, displaying increased levels of dependency behaviour and aggression, and showing negative psychological reactions after attending the programme [5, 6]. It is currently unclear how to interpret



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these results. Some research suggests that those children who reported increased anxiety also found the programme most useful. In addition, some types of fear and concern about true dangers may be adaptive and motivate children to avoid them [7]. These findings warrant more research and thinking about which effects should be seen as desirable and which not.

**Influencing factors:** several factors have been found to affect the effectiveness of the programmes [3, 4, 6]. Programmes that involve an active component with participation of the child (i.e., role-plays and training in self-protective skills) are more effective than more passive programmes such as films and lectures. The effects on protective behaviours in simulated at-risk situations seem to be larger than the effects on knowledge. However, this conclusion is tentative, because only few studies have tested these effects.

A larger number of sessions is associated with a larger effect size. Importantly, this does not seem to be due to the higher amount of time spent on prevention; the smaller increments in which the learning took place were beneficial.

It is currently unclear what the optimal age is for an effective programmes. While some studies have found that a higher age yields larger effects, others have found the opposite or no differences.



### **Conclusions and recommendations**

The current international evidence on the effectiveness of school-based programmes to prevent child sexual abuse is inconclusive. Although there is good evidence that they can teach children skills and knowledge related to sexual abuse, there is no knowledge about whether they reduce actual abuse. In addition, many of the prior studies had methodological flaws, which challenge their conclusions.

Importantly, there is a risk that children may experience harmful effects, such as elevated levels of anxiety. More research is needed about whether this type of programme reduces sexual violence against children and how to interpret the findings on harmful effects.

## 12. Programmes against dating violence

- Universal
  - Selective
- Indicated  
Family
- School
  - Social
- Environment

- Before birth  
Infancy (0-1)  
Early Childhood (1-7)  
Middle/Late Childhood (7-9)
- Early Adolescence (9-13)
  - Middle/Late Adolescence (13-18)

Dating violence prevention programmes aim to change beliefs and attitudes that validate violence towards romantic partners.

Programmes aim to promote respectful romantic relationships among adolescents, increase awareness about personal boundaries, identify risky situations, and emphasise the consequences of violence for victims and perpetrators.

Due to a lack of evaluation studies, the evidence for the effectiveness of these programmes is still limited. Future research should prioritise high-standard evaluations capable of identifying what works well and under which conditions.

### Goals

Reduce physical, emotional, and sexual violence in dating relationships and promote respectful romantic relationships.

### Target group

Early to late adolescents.

### Risk factors

Violence and aggression in sexual relationships, violence-endorsing attitudes, lacking respect in dating relationships, lacking social competencies, lacking protection of potential victims.

### Overall effectiveness

Promising.

## The problem

Dating violence between adolescents includes not only violence in existing relationships between couples, but also violence between ex-partners, violence during dates and violence in transient romantic or sexual relationships. Both heterosexual and homosexual relationships are included. Types of violence used in these relationships include physical, emotional and sexual aggression. It can be understood as the exertion of dominance and control. Compared to partner violence between adults, dating violence between youths has gained interest only relatively recently. In response to the relatively high prevalence of this type of violence, several prevention programmes have been designed to reduce it.

### Prevalence, risk factors and consequences of dating violence

A Swiss study on the sexual victimisation of children and youths included several findings on dating violence. Among 15-year-old Swiss youths, 4% of boys and 8.5% of girls experienced at least one sexual victimisation with physical contact by an (ex-) partner or date; a further 7% of boys and 7.5% of girls experienced at least one sexual victimisation without physical contact. These percentages are substantial, given the relatively short dating history that most adolescents have in comparison to adults. Although this study was mainly focused on sexual violence, it also showed that sexual violence between dating partners often occurs in relationships in which other types of violence are also used. Victims are more likely to have experienced child abuse and harsh parenting, to be female, to be involved in substance abuse and delinquency, to suffer from a physical disability, and to have an outgoing lifestyle. Adolescent perpetrators of sexual violence are more likely to display violent behaviour, to be male, to have an outgoing lifestyle, to have been the victims of child abuse and to have experienced harsh parenting.

*Source: Optimus Study Switzerland [1]*

## Goals

Dating violence programmes aim to promote respectful adolescent relationships and reduce or end violence between dating partners. To this end, they address social norms about gender roles, attitudes towards dating violence, the setting of personal boundaries, legal rights, competent problem-solving in conflict situations and sexual health. They are typically based on theories that assume that changing attitudes and norms about dating violence leads to reduction of violent behaviour.

## Delivery

**Delivery format:** the majority of the programmes are school based and include a class curriculum. The length ranges from three class periods to a total of 30-36 hours delivered in 18-20 sessions. The treatments are often integrated into health and physical education classes. The class programmes involve a variety of teaching techniques, including role-play exercises, handouts, video resources, games, discussions, theatre productions and inviting guest speakers. Some programmes also include school-wide measures or community measures, such as support groups, crisis lines and increased supervision.



Photo: Tim Mossh, CC

**Delivery setting and qualifications:** the programmes are usually delivered at school. Besides these, other programmes are community based and focus on high-risk youths (e.g., youths registered by child protection services). Programmes are delivered by external experts, but also by teachers or school personnel who receive additional training focused on dating violence and respectful relationships. The latter strategy can reduce the costs of a programme and can also be beneficial in the long term since teachers can introduce the programme in the academic curriculum.

**Required resources:** most programmes require the training of facilitators and the purchase of the curriculum materials (see, e.g., [2]). Some school-wide programmes - for instance the building programme in the 'Shifting Boundaries' programme described below - are less costly. For the Swiss version of the programme 'Safe Dates' ('Sortir Ensemble et se Respecter'), the facilitators receive a full two-day training and handbook for CHF520. Ideally, the programme is delivered by two facilitators (one male and one female). The cost for the implementation of the programme in institutions depends on whether the facilitators are part of its staff or not. The Swiss Foundation 'Charlotte Olivier' is currently evaluating which of these two types of facilitators is more effective in achieving the programme's goals.

**A programme example:** 'Shifting Boundaries' aims to reduce dating violence and sexual harassment in peer and dating relationships. It is a school-based programme that comprises two components, namely a classroom component and a building-based component. The classroom component involves a six-session curriculum that emphasises the laws and consequences of dating and peer violence, gender roles, respectful relationships, the setting and communication of personal boundaries in interpersonal relationships, as well as the role of those who notice violence as interveners. The curriculum is delivered by trained school personnel. The building-based component promotes prevention through the use of building-based restraining orders, a higher level of supervision in unsafe 'hot spots' on school property and posters that aim to increase the awareness and the reporting of violence. The programme lasts six to 10 weeks. The building-only component and the combined building and classroom components reduced sexual violence victimisation and perpetration, but the classroom-only component did not [7].

## Effectiveness

The evidence on the effectiveness of these programmes is still limited due to the small number of studies that have been conducted. We found only one small meta-analysis, other studies provided narrative reviews [3, 4]. As an exception, we therefore also reviewed a number of recent evaluations that may offer provisional guidance in this field.

The only meta-analysis found includes 13 studies on prevention programmes in middle and high schools [5]. Youths who received the programme had improved their knowledge and attitudes towards dating violence after the programme. However, the study does not report effects on actual perpetration or victimisation.

A number of recent high-quality evaluations did investigate the effects of dating violence prevention programmes on the actual perpetration or victimisation of dating violence. They suggest that dating violence prevention programmes may indeed be effective in reducing perpetration and victimisation [3]. However, the effects are not universal: four of the studies we examined provided evidence for the effectiveness of the programmes at six months to four years after its delivery [2, 6-8], but another one did not [9]. As an example, the school-based programme 'The Fourth R: Skills for Youth Relationships' was associated with a decrease in physical dating violence among boys but not girls 2.5 years later [2]; whereas 6% of boys in the intervention group who dated reported physical dating violence, 15% of the control group, who did not receive the intervention, did.

One study suggested a 'sleeper effect': the programme 'Shifting Boundaries' had few effects immediately after the treatment, but it was associated with reduced sexual violence victimisation and perpetration six months later [7]. Specifically, sexual harassment was reduced by 26 to 34%, physical and sexual dating violence by about 50%, and peer sexual violence by 32 to 47% up to six months after the programme. In spite of the mentioned beneficial results of dating violence programmes, there has been criticism on the quality of evaluation studies [3]. In addition, some studies have shown anomalous results [6, 7]. For example, although participating youths reported that they had experienced fewer incidents of sexual

harassment (frequency) in ‘Shifting Boundaries’, the proportion who reported sexual harassment (prevalence) was higher in the treatment than in the control group [7]. The reason is unclear, although the programme may have sensitised students to recognising victimisation. Prior research has demonstrated that dating violence prevention programmes have been able to improve knowledge and negative attitudes. Moreover, recent evaluation studies suggest that these programmes can also reduce the perpetration and victimisation of dating violence. These results are promising and call for further evaluation.

**Influencing factors:** very little is known about the factors that influence the effectiveness of these programmes. We compared the four programmes that were effective in reducing dating violence perpetration and victimisation with the one that was not. What seemed to differentiate ‘Ending violence’ [9] from successful programmes was that it was a short, three-class-period initiative that emphasised legal aspects and was taught by lawyers. It could be that programmes that place an emphasis on legal aspects may be less effective than those that have a more comprehensive focus on respectful relationships.

Short programmes also seem to be less effective. In addition to the ‘Ending violence’ programme, another relatively short classroom initiative that was not successful was the six-session programme in ‘Shifting Boundaries’ [7]. Effective programmes included 10 to 21 sessions. Besides the opportunity to address themes more deeply, longer programmes also provide a chance to repeat and rehearse themes and exercises.

It has been suggested that programmes that are implemented in more than one context are more effective [3]. Dating violence should be seen as a form of violence that takes place in several contexts and should be addressed as such. Furthermore, one study [6] suggests that the addition of situational, school-wide oriented prevention programmes is promising. Although it is unclear which specific aspects of the earlier mentioned building component were most effective, the combination of increased adult supervision, restraining orders and posters was associated with reduced dating violence.

Finally, there is some evidence that for treatments delivered to high-risk children in a community context, youths who were more involved in the group showed a smaller reduction in physical abuse than those less involved [8]. This might indicate that for some of these youths, a peer group format is less suitable, which could be due to the social reinforcements that high-risk youths may provide each other with [10]. However, this finding should be treated with caution as it requires more research.

## Conclusions and recommendations

Few evaluations and meta-analyses have been published on the effectiveness of dating violence prevention programmes. Overall, these programmes have shown to be able to reduce the perpetration and victimisation of dating violence, but the evidence is not strong enough to be conclusive.

Strategies that seem to work better are embedded into a general health education framework, include several sessions and implement measures at school level.

Given that dating violence often does not occur in isolation, it is advisable to address this issue within the context of a broader school-wide violence and bullying prevention strategy.



Photo: Phuoc Lee, CC

### 13. Individually delivered indicated school-based interventions

Universal  
Selective  
• Indicated  
Family  
• School  
Social Environment

Before birth  
Infancy (0-1)  
• Early Childhood (1-7)  
• Middle/Late Childhood (7-9)  
• Early Adolescence (9-13)  
• Middle/Late Adolescence (13-18)

Goals  
To address the individual needs of specific disruptive and aggressive children and adolescents at school.

Target group  
Children and adolescents at high risk for continued engagement in aggressive and violent behaviours.

Risk factors  
Disruptive behaviour at school, non-compliance, aggressive and violent behaviour, association with aggressive peers, substance abuse.

Overall effectiveness  
Effective.

School children who display persistent disruptive behaviour and more generally externalising behaviour are at risk for the escalation of behaviour problems, later life delinquency and violence.

Individually delivered, indicated school-based interventions are provided in a one-on-one format to those children who are at the highest risk for persistent behaviour problems. They enable a more intensive, targeted and individualised approach to addressing problem behaviours at school.

Although the empirical evidence available thus far is limited, it suggests that these types of interventions reduce externalising problems at school. Currently, little is known about the long-term effects of these interventions.

## The problem

Children who display problem behaviour at school, including non-compliance, disruption and aggression (verbal and physical conflict) are at an elevated risk of continuing to engage in these behaviours as they get older. These children place a strain on the school system, as well as on the broader society. In addition to universal and selective group-based school programmes, which have been developed to target this issue, a wide range of individual interventions has been implemented in schools. Commonly, high-risk children and those engaging in severe problem behaviours are selected for these treatments.

## Goals

Individual approaches range from specific behaviour modification programmes to supportive therapy and counselling. Individual programmes share common goals and advantages with group programmes, but they capitalise on the close relationship that develops between a child and his/her clinician or counsellor. They also present no risk of peer contagion of aggressive behaviour within peer groups who attend therapy together. In addition, the learned skills can be easily rewarded and communication between teachers and parents can be more directly facilitated. In some cases, individual interventions are supplemented with additional components, such as modification of the school environment, parental involvement, special homework and social skills and anger management training (usually delivered in small groups).

## Delivery

Individually delivered indicated interventions offer intensive treatment opportunities and are implemented among those children who are at the highest risk of persistent problem behaviour. The modalities include cognitive, behavioural and cognitive-behavioural approaches, as well as a wide range of counselling and individual therapy approaches (e.g., ‘Social Relations Training Programme’, ‘Individual Play Therapy’, ‘Adlerian Play Therapy’, ‘Coping Power Programme’, ‘Solution Focused Therapy’, ‘Affective Imagery Training’ and ‘Stay Cool Kids’).

**Delivery format and settings:** children are identified and referred to the interventions by teachers and/or administrators based on children’s repeated engagement in disruptive behaviours and adjustment problems at school. Individual session length varies considerably between programmes, but is typically one to two hours, delivered in weekly one-on-one sessions for the duration of up to the whole school year. The length



Photo: Nicole Honeywill, Sincerely Media, CC

can vary depending on the needs of a particular child. One or both parents are also invited to attend their child's sessions. However, unlike in family therapy, the child is always the primary focus.

Session content depends on the treatment modality and theoretical background of the professional delivering the intervention. The majority of interventions capitalise on the one-on-one approach, which allows providers and children to develop strong bonds. In the context of trusting relationships, providers address the child's behavioural difficulties utilising a variety of approaches, ranging from more directive behavioural techniques to play therapy.

Behavioural approaches, for example, incorporate an emphasis on rules to govern adaptive school behaviour, such as following directions, raising a hand, turn-taking and respecting yourself as well as others. Children are often rewarded for following rules and good behaviour. Individual sessions may be supplemented with additional components depending on the needs of a child. These may include social skills training, anger management or family therapy. Programmes are delivered in one-to-one sessions in primary and secondary schools.

**Required qualifications:** depending on the treatment's modality, programmes are delivered by trained and certified professionals, such as school psychologists, counsellors or qualified teachers. Training varies depending on the treatment's modality, ranging from basic, lasting a few days, through certification, spanning a few months, to degree programmes. Supervised delivery hours are often required prior to certification.

**Required resources:** the success of individually delivered, targeted interventions depends on the skillset of the professional running the programme. Thus, investment in their training, certification and ongoing professional development are essential when considering the implementation of these programmes. In addition, several of the programmes are not ideally suited to implementation by existing school staff (e.g., teachers and nurses) and may require hiring new staff with specific educational backgrounds.

**A programme example:** The goal of 'Solution Focused Brief Therapy' ([www.solutionfocused.net](http://www.solutionfocused.net)) is to help children identify their strengths and build on them to facilitate behavioural changes. Problems are broken down into small, tangible goals for which possible solutions are developed and pursued. The work focuses on the link between cognitions and behaviours (not as much on emotions). Negative cognition-behaviour cycles in the parent-child dyad (e.g., the child 'acts out', the parent views the child negatively and communicates this message to him/her) are targeted. Parents are often also invited. The child's positive behaviours are praised and reinforced, and the parents' view of them is expected to change as a result, which should then further reinforce positive changes in the child's behaviour and in the parent-child interaction. Research has shown positive effects of this programme as a therapeutic intervention in the school context on externalising problem behaviour, as well as fostering academic achievement.

## Effectiveness

Two recent meta-analyses address the effectiveness of individually delivered interventions for children with severe behaviour problems. Overall, they suggest that individually delivered school-based interventions can decrease child behaviour problems. Elementary school-aged children with behaviour problems who received only an individual intervention, as well as those who also received an additional component, engaged in fewer problem behaviours compared to children who did not receive these interventions [1]. The majority (64%) of the individual interventions utilised cognitive or behavioural approaches to treatment.

Research on 'individualised positive behaviour support' (IPBS) has also shown beneficial effects, namely significant reductions in problem behaviour and increases in appropriate behaviour at school [2]. IPBS is a type of intervention that is implemented following behaviour assessments of high-risk children. It involves careful monitoring of the child's individual needs. It responds to problem behaviour by providing alternative life skills and is implemented in the child's familiar environment. There is evidence that these positive changes were maintained up to two years following the intervention.

**Influencing factors:** while more evaluations are needed to examine the effectiveness of individually delivered school interventions, existing findings suggest the following:

- So far, there are no reliable indications that cognitive-behavioural therapies have better effects than individual counselling. Also, the effects do not appear to be dependent on whether only one person (e.g., the teacher) made the behavioural assessment for the referral or whether more than one person assessed the child. Both findings are based on a small number of studies [1];
- Younger children may benefit more from this type of intervention than older ones, indicating the importance of early detection [1];
- For the effectiveness of ‘individualised positive behavioural support’ (IPBS), it is important that the planning and implementation of interventions are supported by a team of professionals, including teachers, social workers and school psychologists [2];
- Swiss research on the effectiveness of social work in schools has shown that for many students, a voluntary referral to school social workers is a prerequisite for effectiveness and positively evaluated help [3]. Researchers recommend that in order to elicit beneficial effects in non-voluntary contacts, school social workers must change the involuntary interaction into a trusting relationship.



Photo: Santi Vedri, CC

## Conclusions and recommendations

In individually delivered treatments with children and adolescents, a greater understanding of what works and why are required. However, existing evidence suggests that:

- Individual interventions, delivered in schools to high-risk children exhibiting severe behavioural problems, provide effective treatment in reducing these issues. These interventions often include the attendance of parents at some of the sessions to address their child’s needs and difficulties;
- The specific treatment approach taken to deliver these interventions does not seem to have an impact on behaviour changes. It is possible that - as many clinicians believe - what is important in these treatments is the relationship that develops between the provider and the child;
- Very high-risk children with personality characteristics that may contribute to behaviour problems or make them more visible (e.g., extraversion) may require more individualised approaches and a longer engagement with the intervention.

# Indicated programmes

## 14. Mentoring programmes

### Universal

- Selective
- Indicated

### Family

- School
- Social Environment

### Before birth

#### Infancy (0-1)

#### Early Childhood (1-7)

#### Middle/Late Childhood (7-9)

- Early Adolescence (9-13)
- Middle/Late Adolescence (13-18)

Mentoring programmes offer structured and supportive relationships between a non-parental adult and a young person with academic and/or behavioural difficulties.

They aim to promote the positive development of youths. Research findings show that mentoring programmes can reduce aggression and behaviour problems. In addition, they can have positive effects on educational achievements.

### Goals

Build confidence and social competence through support from a trained mentor.

### Target Group

Adolescents with behavioural and/or educational difficulties, socio-economically disadvantaged youths, youths from ethnic minority backgrounds.

### Risk Factors

Poor social attachment, lack of role models, limited social competences.

### Overall Effectiveness

Effective.

## The Problem

Youths with behavioural difficulties often lack positive and supportive bonds with adult role models. Compared to other youths, they often receive less support from their parents, experience less affection and stability, or grow up in families with problematic relationships between family members. They also often have a less viable and trusting relationship with their teachers. The lack of a supportive role model can mean that at-risk young people find it difficult to make decisions related to, for example, apprenticeships, school careers and job-seeking.

## Goals

Mentoring programmes offer young people in difficult situations the opportunity to have positive contact with an experienced person who provides help and support over a longer period of time. Mentors help by understanding the challenges of the youths, support their skills, identify career options or help with everyday problems. In this way, bonds are strengthened and youths' social skills are improved. Youths' social environment is also enhanced by new personal contacts. Mentoring programmes are resource oriented. They try to promote the positive development of youths, rather than to overcome deficits.

## Delivery

**Delivery format:** the activities that the mentor and youth engage in depend on the goals of the programme. The mentor and youth decide what they would like to do within the programme's guidelines: sports, attending social events, engaging in discussions on career planning or receiving assistance in coping with personal difficulties. The time required for the meetings varies from one to six hours per week. Normally, a programme lasts from two to six months. School-based mentoring programmes have been described as more structured and secure. Sometimes mentoring programmes are part of a larger programme, which includes additional components such as social training or activities with the youth's parents. Examples of mentoring programmes are the 'Buddy Project' in Germany and 'Big Brothers Big Sisters' in the United States.

**Delivery setting:** first meetings usually take place at school or in a community facility. Some mentoring programmes fully take place at a fixed, neutral location (such as a school); some include outings or group activities.

**Required qualifications:** the programmes are usually offered by specialised organisations that recruit and select volunteers. Mentors are typically adults, but there are also programmes where older teens take over the mentor role. Good mentoring programmes carefully select the mentors, offer comprehensive training and support the mentors with manuals and expert advice and supervision. Except for an impeccable reputation, no professional qualifications are required.

**Required resources:** mentoring programmes are relatively inexpensive (see, e.g. [1]) since the mentoring is normally carried out by volunteers. However, considerable costs should be taken into account for setting up and maintaining a programme.

A programme example: 'Big Brothers Big Sisters' ([www.bbbsi.org](http://www.bbbsi.org); [bbbsd.de](http://bbbsd.de)) is an international charity agency that has offered a mentoring programme in the United States since 1904. The programme has also been implemented at five locations in Germany. The goal is to bring together youths from difficult backgrounds with mentors and promote the youths' educational (e.g., increased attendance and grades) and social (e.g., improved communication and social skills) competences. Potential mentors are tested and trained. Persons who have an interest in becoming a mentor must prove their suitability first. They are first interviewed about their interests and skills, which, at a later stage, are connected with the needs and interests of the youth. The mentor and youth meet two to four times per month; the process should last at least a year. During this time, both the youth and the mentor receive support and training.

## Effectiveness

Mentoring programmes have been quite extensively studied over the past four decades, especially in the United States. The results of meta-analyses have typically suggested positive effects. The latest meta-analysis examined whether mentoring programmes reduce delinquency, aggression and drug use while improving academic performance [2]. The largest effects were found regarding the reduction of aggression and delinquency; a smaller effect was found regarding the reduction of drug use and the improvement of academic success. However, even these smaller effects are still relevant. For example, the percentage of drug-using adolescents decreased from 30% to 22%. These positive results were confirmed by a further meta-analysis, which found reductions in behavioural problems and improvements in academic performance [3].

In mentoring programmes that are offered at schools, a positive effect on self-worth has been found [1]. No effects of these programmes were found on school-related behaviour or negative attitudes. However, given the small number of studies (six), no definitive conclusions can be drawn.

Photo: Stem T4L, CC



**Influencing factors:** prior research allows us to derive a number of factors that improve the effectiveness of mentoring programmes [2]:

- A viable organisation with a careful selection of mentors and good training that includes at least several hours for the mentor to prepare them for their job, to explain the rules to be followed and the needs of the target group. Supervision and support for mentors should also be included;
- Careful matching of the mentor and youth based on similar professional interests, educational backgrounds and leisure pursuits;
- Accompanying information and assistance to help the youth cope with social, educational, legal and family challenges, as well as problems with peers;
- The assistance and representation of the youth by the mentor in case of problems with his or her school, the police or the teacher;
- Overall, non-school-based programmes appear to be more effective than school-based programmes. In addition, larger effects are found when the mentor has a direct interest in the mentorship, e.g., when the youth is involved in a work requirement or a project of the mentor [2].



Photo: NEXT Academy, CC

## **Conclusions and recommendations**

Mentoring programmes can contribute to the reduction of problem behaviour and the promotion of professional development during adolescence. Therefore, we consider them to offer a meaningful approach for youths who display or are at increased risk of moderate behavioural problems.

Care must be taken to ensure a high implementation standard. This includes careful recruitment of the mentors, extensive training, thoughtful matching of mentor and youth, monitoring and support, as well as a professionally supported closure of the mentor-youth relationship.

Quality guidelines for mentoring programmes are desirable. Some countries have developed detailed guidelines for successful mentoring (see, e.g., [4]). By providing quality assurance, guidelines can help programmes to achieve longer effects. In addition, they make it easier for practitioners to choose between different programme providers.

## 15. Cognitive behavioural programmes for offenders

Universal  
Selective  
• Indicated  
Family  
School  
• Social  
Environment

Before birth  
Infancy (0-1)  
Early Childhood (1-7)  
Middle/Late Childhood (7-9)  
• Early Adolescence (9-13)  
• Middle/Late Adolescence (13-18)

Goals  
Change cognitive and antisocial behavioural patterns to reduce re-offending.

Target group  
Young or adult offenders.

Risk factors  
Delinquency-oriented thoughts, antisocial behaviour, antisocial lifestyle, antisocial peers, lack of social skills.

Overall effectiveness  
Effective.

Cognitive behavioural programmes are based on the idea that offending is the result of learned cognitive biases or distortions.

These programmes aim to reduce re-offending by teaching offenders to understand and change their thinking processes and choices.

Cognitive behavioural programmes target both juvenile and adult offenders, and are thus indicated programmes. Available evidence shows that these programmes can reduce re-offending.

## The problem

Antisocial behaviour is relatively stable throughout the life-course, with young children who express such problems still showing them in adolescence [1]. Swiss research has shown that deficits in social-cognitive functioning are related to the development of aggressive behaviour throughout childhood [2]. Moreover, these problems may continue into adulthood and result in persistent offending. In turn, persistent offending accounts for a large part of crime problems in society. For example, in the UK, 28% of all sentenced offences are committed by persistent offenders with 15 or more previous convictions or cautions [3].

## Goals

Cognitive behavioural programmes aim to reduce re-offending by changing antisocial and distorted thinking patterns, and by promoting prosocial behaviour. These programmes include both cognitive and behavioural aspects of committing crime. Distorted cognitions that the programmes aim to change include an incorrect interpretation of social situations, the displacement of blame, perceptions of entitlement and deficient moral reasoning [4]. The programmes target known offenders, both juvenile and adult, who have been sanctioned by the criminal justice system in the form of incarceration, probation or parole.

## Delivery

**Delivery format and settings:** cognitive behavioural programmes are based on the assumption that criminal acts are based on distorted perceptions that are learned throughout the life course. In a first step, offenders are often given the opportunity to review their thinking processes leading up to an offence. In a second step, they are helped in identifying distorted and risky thinking patterns and practising new ones [4].

Usually, several techniques for building cognitive skills - such as anger management, moral reasoning, critical thinking and perspective taking - are combined into one comprehensive approach [4-6]. Activities include role-playing, analysis of dilemma situations, small group discussions and thinking games [6]. In addition, participants are given the opportunity to rehearse the newly acquired skills in various contexts in order to make them a part of their routine behavioural repertoire.

Treatments in evaluated programmes usually last less than 20 weeks [4]. Cognitive behavioural programmes can be delivered as stand-alone programmes, but also as part of a larger programme (e.g., with involvement of the family). Several standardised and well-known programmes have been developed, including 'Aggression Replacement Training', 'Reasoning and Rehabilitation', 'Moral Reconnection Therapy', the 'Thinking for a Change' programme, and the 'Cognitive Interventions Programme'. Programmes are offered to offenders with various levels of risk for re-offending, but they are less suitable for offenders with low intelligence, offenders who are cognitively skilled or offenders who have psychiatric problems [6]. In addition, components that may be offered are:



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- stress management (including relaxation strategies);
- the identification and acceptance of emotions and their relation with thought processes and behaviour;
- psychological neutralisation strategies for justifying violent behaviour, as well as introspection and self-evaluation.

Furthermore, some programmes use modelling, in which the behaviour of other persons is observed and imitated. Programmes are offered both in institutional and community settings. They are usually delivered in the form of group sessions, although some also include complementary individual sessions.

**Required qualifications:** programmes are often run by mental health specialists or para-professionals. They vary widely in the cognitive behavioural training that is required for providers, as well as in providers' knowledge about mental health. Most evaluated programmes used providers who had minimal training in cognitive behavioural training and minimal background in mental health [4]. However, studies suggest that a higher level of training is associated with higher effectiveness of a programme.

**Required resources:** given the importance of implementation fidelity, adequate investments in implementation monitoring and training for providers need to be considered. Most standard programmes are highly structured and include manuals and workbooks that support the implementation.

**A programme example:** the 'Reasoning and Rehabilitation' programme ([www.cognitivecentre.ca/RRProgramme](http://www.cognitivecentre.ca/RRProgramme)), originally developed in Canada, teaches youths and adults with antisocial or criminal behaviour cognitive skills, social skills and prosocial values. The components include, among others, enhancing self-control, critical thinking, positive social skills, problem-solving in interpersonal situations and empathy. The content has been adapted for several subgroups, such as girls and women, individuals with mental health problems, as well as families and support persons. The programme includes 35 two-hour sessions, is offered in groups of six-12 participants and is highly structured. The structure and materials are presented in a handbook, supplementary materials and a workbook. Three-day training courses in programme delivery, as well as follow-up or booster sessions, are offered. A research review of 16 studies on the effectiveness of 'Reasoning and Rehabilitation' showed an average 14% reduction in the risk of recidivism compared to the control group [7].

## Effectiveness

The effectiveness of cognitive behavioural programmes can be summarised as follows:

- Overall, the programmes have been shown to reduce recidivism [4]. Approximately 12 months later, participants showed a recidivism reduction of 25% compared to non-participants. For offenders with a moderately high risk of re-offending, a very high-quality programme is even expected to lead to a 52% decrease among the participants. Such a high-quality programme includes two sessions per week, offered over 16 weeks, a superior implementation quality, a great study design and the inclusion of components that address anger control and interpersonal problem-solving;
- One meta-analysis specifically investigated the effects on 12- to 22-year-old people placed in a residential setting due to antisocial behaviour [5]. Twelve months later, the risk of recidivism was reduced by 10% on average in youths who participated, compared to standard treatment. Furthermore, cognitive behavioural programmes were equally effective as alternative programmes such as those focusing on attention control, stress management and discussion groups;
- Two meta-analyses investigated the effects of two particular types of cognitive behavioural programmes: 'Reasoning and Rehabilitation' [7] and 'Moral Reconciliation Therapy' [8]. Both programmes were associated with reductions in recidivism. The 'Reasoning and Rehabilitation' programme resulted in a 14% reduction for participants compared to non-participants.

**Influencing factors:** the following factors have been shown to be related to effectiveness [4]:

- The quality of the implementation is important, with programmes that have a high level of monitoring and that are implemented by providers with adequate training in cognitive behavioural theories being more effective than programmes with lower implementation quality;

- Among the various programme components, interpersonal problem-solving and anger control are particularly effective. On the other hand, components that emphasise victim impact and behaviour modification are less effective;
- Research suggests that multi-faceted programmes in which cognitive behavioural trainings are combined with other components (e.g., employment training and education programmes, dealing with emotions through mental health counselling) are more effective than programmes that implement cognitive behavioural training as a stand-alone component;
- Evidence currently suggests that among the well-known standardised programmes, none in particular stands out in terms of higher effectiveness. Thus, the general principle and approach of cognitive behavioural programmes seem to be more important than the particular programme version.



Photo: Jeremy Thomas, CC

## Conclusions and recommendations

Cognitive behavioural programmes have shown promise as crime-reduction strategies because they seem to be effective in reducing recidivism in both youths and adults.

Programmes should ensure a high implementation quality and include components that focus on interpersonal problem-solving and anger management as these factors are important in achieving reductions in recidivism.

Research needs to investigate the conditions under which programmes are successful, including the types of offenders and implementation in representative and routine correctional practices [4].

## 16. Multi-systemic family interventions

Universal  
Selective  
• Indicated  
• Family  
School  
Social Environment

Before birth  
Infancy (0-1)  
Early Childhood (1-7)  
• Middle/Late Childhood (7-9)  
• Early Adolescence (9-13)  
• Middle/Late Adolescence (13-18)

Goals  
Change family interaction patterns to reduce or stop high-risk behaviours (e.g., delinquency and drug addiction).

Target group  
Children/youth with serious antisocial behaviour and their family, peers and schools.

Risk factors  
Dysfunctional living environment, antisocial lifestyle, antisocial peers, lack of social skills, negative child-parent relationship, lack of parental supervision, school and occupational problems.

Overall effectiveness  
Effective.

Multi-systemic family interventions are therapies for children and adolescents with serious conduct problems. They target the entire family and sometimes also include work with peers.

Their primary goal is to promote changes in the way family members interact and communicate with each other, to improve family cohesion, to address difficulties at school or in other social systems and to foster children's positive psychosocial development.

While some studies show considerable long-term positive effects, the results of available meta-analyses are less conclusive.

## The problem

Adolescents with repeated and serious aggressive behaviour show multiple risk factors for later life success. These include, for example, mental health problems, difficulties at school or at the workplace, substance abuse and financial difficulties. These risk factors are often related to difficulties in a variety of systems, including dysfunctional family backgrounds that also affect other family members.

## Goals

Family-based interventions for parents and children with serious conduct problems aim at identifying and reducing specific problems (e.g., drug consumption and delinquency) as symptoms or signs of maladaptive interactions in the whole family environment. Although some interventions are very structured, family therapies are tailored to deal with the needs of each family. Representatives of sub-systems such as school teachers, members of the criminal justice system, peers and other relevant community members are sometimes invited to get involved in the intervention to contribute towards building a more positive social environment for children and their families.

There are many different approaches to deliver family therapies; in this chapter we review those that are specifically designed to support families with children involved in serious problem behaviours, such as crime, conflicts with the justice system or drug abuse. These programmes target families with children and adolescents in the age range of 10 to 19 years.

## Delivery

Family therapies for children with conduct problems encompass diverse approaches. While some are highly structured, others tend to be more flexible (e.g., brief, strategic family therapy). These programmes focus on working with the whole family and should be implemented by qualified and experienced professionals. Internationally disseminated approaches with research evidence for positive effects include the ‘Brief Strategic Family Therapy’, ‘Multidimensional Family Therapy’, ‘Multisystemic Therapy’ and ‘Functional Family Therapy’.

**Delivery format:** family therapies are delivered once per week, although some start out with more frequent meetings. The number of weeks during which a programme is delivered varies. In some programmes, the length of delivery is based on the needs of a family. Developing a therapeutic alliance, identifying the problems and contextualising them within the family and community systems are the key to the early stages of any family therapy. Next, maladaptive interactions are identified and new ways of interacting are proposed and practised to improve family relations and reduce conflict and other risk factors, which may contribute to the child’s acting-out behaviour.

Adaptive communication skills are practised to improve relationships within the family and to help parents improve their parenting skills including listening and responding to their child’s needs. At the same time adolescents learn to respect their parents while a feeling of being heard and respected within the family system is fostered. In general, the aim is to empower parents and to make pragmatic changes that can give the adolescents the opportunity to experience a new repertory of behaviours and cognitions. Some programmes focus on meetings with all family members whereas others (such as ‘Multidimensional Family Therapy’) also provide for sessions with parents and adolescents.

**Delivery setting:** in general, these specific family therapies are delivered in mental health settings, but they can also be delivered in residential units or in community settings.

**Required qualifications:** Given the complexity of the programme delivery, therapists are required to hold an advanced degree (Masters or Ph.D.) in psychology, social work or any other area related to mental health. Future therapists are also required to attend structured training seminars lasting between three to seven days. In addition, therapists in training and newly trained therapists are provided ongoing supervision.

In order to increase the fidelity of the implementation, programme developers have designed treatment manuals as well as structured training workshops, which include both theoretical and practical modules as well as supervision/booster session schedules. In some cases, for example ‘Multisystemic Therapy’ and ‘Functional Family Therapy’, the training is provided by professional third parties, namely by private agencies holding the license for the programme’s intellectual property [1]. Depending on the specific programme, training may be delivered to individuals or groups of professionals.

**Required resources:** most large evidence-based programmes are disseminated commercially. Dissemination requires a local support structure for training and quality control. Services include extensive training supported by educational materials, assessment tools, protocols for treatment delivery, qualified support staff that works with small numbers of therapists, as well as recurrent quality control and supervision.

A programme example: ‘Functional Family Therapy’ (FFT - [www.fftinc.com](http://www.fftinc.com)) is a short-term, culturally sensitive family therapy programme specifically developed for at-risk and delinquent youth. It is delivered in an average of 12 sessions over a three- to four-month period, depending on specific family needs. Services are provided in both clinic and home settings, but can also be offered in schools, probation and parole offices, and mental health facilities. FFT therapists focus on the assessment of strengths and weaknesses, or risk and protective factors, within the family and broader community, which influence the healthy development of adolescents. These factors are then specifically targeted in the intervention and continuously evaluated throughout the therapeutic process. The intervention consists of five key stages: engagement in change, motivation to change, relational/interpersonal assessment and planning for behaviour change, behaviour change and generalisation across behavioural domains and multiple systems. The evaluation of FFT programmes in the United States and Norway suggests significant decreases in adolescent recidivism and a reduction in out-of-home placements.

## Effectiveness

Over the past 30 years, a considerable number of randomised controlled trials have assessed the effectiveness of multi-systemic interventions. Overall, research suggests that these interventions can achieve reductions in antisocial behaviour and related problems. For example, a recent meta-analysis examined the effectiveness of four family therapies (i.e., ‘Brief Strategic Family Therapy’, ‘Functional Family Therapy’, ‘Multidimensional Family Therapy’ and ‘Multisystemic Therapy’) among adolescents aged 11 to 19 years, who displayed conduct problems.

The effects of these multisystemic therapies appear to exceed the effects of standard treatment and alternative therapies [1]. However, it is currently unclear which approach is the most effective and whether effects can be maintained over longer periods of time.

Several studies have reviewed the effectiveness of ‘Multisystemic Therapy’ (MST) specifically. MST is probably the most widely commercially disseminated systemic family intervention aimed at reducing youth delinquency. Unfortunately, the findings are contradictory. Whereas some studies have found that MST is effective with respect to family outcomes, school attendance and delinquency [2], others have concluded that MST is not more effective overall compared to other services [3]. This discrepancy seems to depend on whether the intervention is implemented by research staff or by practitioners.

While most studies on these programmes have been conducted in the United States, several recent randomised controlled trials have examined their effectiveness in Europe. Findings tend to be promising, although there are substantial differences. In the Netherlands, MST was found to be more effective than standard treatment for reducing externalising behaviour, oppositional and conduct disorder, as well as property offenses, but not for reducing violence [4]. Similar positive findings were reported in the United Kingdom [5] and Norway [6], whereas a study in Sweden found no difference to treatment as usual [7].

**Influencing factors:** across a number of pertinent studies, several factors emerge that contribute to the effectiveness of this programme [8, 9]. These factors include:

- An in-depth initial assessment of needs and barriers so that the new programme fits the clinical needs of the community and the existing structure of services;
- A highly competent and well-trained team of local consultants who are in direct contact with the programme developers and who can monitor the implementation process. They must be able to provide all treatment and implementation components;
- Extensive training of therapists that includes didactic training (teaching and written materials), as well as competence training, including supervision and regular telephone or face-to-face consultation;
- Adherence by the therapist to the treatment, achieved through standardised adherence assessments and regular booster trainings.



Photo: Naassom Azevedo, CC

## Conclusions and recommendations

Standardised multi-systemic interventions that include the family are a promising approach to intervention and prevention for adolescents with serious antisocial behaviour. However, while there is some evidence in favour of the effectiveness of family therapies, the current body of literature points to several difficulties in interpreting the findings; some of the results are inconclusive.

Thus, the evidence base is still thin. In particular, we have very little knowledge about the advantages and disadvantages of different programmes. Also, it is still unclear whether these interventions remain effective when they are implemented outside scientific trials in which the researchers have high control over the implementation.

It is recommended that only very specialised and skilled therapists, specifically trained to work with high-risk families, deliver these interventions. On-going training also supports therapists in promoting overall family functioning.

## 17. Therapeutic foster care

Universal  
Selective  
• Indicated  
• Family  
School  
Social Environment

Before birth  
Infancy (0-1)  
• Early Childhood (1-7)  
• Middle/Late Childhood (7-9)  
• Early Adolescence (9-13)  
• Middle/Late Adolescence (13-18)

**Goals**  
To provide children and adolescents - who are at a high risk of institutionalisation (mental health or juvenile justice system) due to severe emotional or behavioural problems - with an alternative living/therapeutic arrangement.

**Target group**  
Children and adolescents up to the age of 18 with serious mental health problems, drug and substance dependence or a history of abuse/neglect.

**Risk factors**  
Child abuse and neglect, unstable living conditions, serious problem behaviours and delinquency, severe mental and physical health problems in children and/or parents.

**Overall effectiveness**  
Promising.

Therapeutic foster care programmes are structured intensive support programmes with a duration of six to 12 months for children with serious behaviour problems.

Within the framework of the placement, trained foster caregivers provide individualised and structured treatment for children and adolescents who would otherwise be placed in institutional settings such as children's homes or youth offender institutions.

A meta-analysis suggests clinically meaningful decreases in behavioural problems and improvements in engagement with school and employment, but there is a lack of knowledge about whether these effects can be replicated in different child protection systems.

## The problem

Children in foster care have often been exposed to many risk factors, including child abuse and neglect, sexual abuse, substance abuse amongst parents or other traumatic experiences. These children are at high risk for adverse developments, including mental health problems, drug abuse and criminal behaviour. Given the severity of the problems these young people face, their complicated needs and the strain on the social welfare system, multiple placements and institutionalisation are common.

### Results from the z-proso study: Adolescents in out-of-home placements

Among Zurich youths, 3% have been in out-of-home placement at least once between the ages of 11 and 15, usually for a limited time period of six months or less. Children placed in out-of-home care have had to cope with a number of difficult situations throughout their lives. For example, in comparison to the other children in the study, they are five times more likely to have experienced parental separation, four times more likely to have been reported to the police in connection with a crime and three and a half times more likely to have run away from home. They are also 10 times more likely to have experienced serious sexual victimisation during this period, two and a half times more likely to have physically harmed themselves (e.g., cutting) and twice as likely to have thought about committing suicide.

*Source: Original data analyses, Zurich Project on the Social Development from Childhood to Adulthood, z-proso*

## Goals

Therapeutic foster care is an intervention designed for children and youths with serious behaviour and mental health problems, experiences of abuse and neglect or substance use and dependence. The goal is to reduce problem behaviour and to help children and youths to return to their families. These programmes are typically based upon cognitive behavioural and attachment theories. They provide foster parents with the skills needed to manage challenging behaviour through a structured behaviour management system that encourages positive and age-appropriate conduct. In addition, a multidisciplinary team of professionals works with caregivers to change behaviour through the promotion of positive role models and relationships. Programmes provide close supervision in the foster family, school and community.

## Delivery

The best-known therapeutic foster care programme with an extensive research basis is 'Multidimensional Treatment Foster Care' (MTFC). It has been developed at the Oregon Learning Centre in the United States in the 1980s, but more recently has also been introduced in Sweden, Denmark, Norway and the United Kingdom. It differs significantly from usual placement in foster care. The following specifications apply primarily to MTFC.

**Delivery format:** children and adolescents are usually referred to therapeutic foster care programmes through the juvenile justice, welfare or mental health systems. This type of foster care is often an alternative to a more restrictive placement. Therapeutic foster caregivers are members of a treatment team that also includes therapists and programme supervisors. They are responsible for the implementation of the individualised treatment plan and are trained to provide the youths with the skills and strategies needed to cope with their difficulties.

In addition, one of the key responsibilities of therapeutic foster care providers is to connect the youths with additional mental health interventions to address difficulties. These comprise behavioural parent training and support for caregivers, family therapy for biological parents (or other aftercare resources), skills training for youths, supportive therapy for youths, school-based behavioural interventions and academic support as well as psychiatric consultation, including medication management. In addition to formal interventions, a supportive relationship with at least one additional mentoring adult is encouraged, while exposure of young people to peers with similar problems is limited.

Given the intensity of these programmes and the extent of the youths' difficulties, the number of children placed in each home is usually limited to one foster child. The duration of a placement varies depending on the needs of each young person, but typically lasts from six to 12 months.

**Delivery setting:** care is provided within a family environment. Therapeutic foster care is more intensively structured than traditional foster care and requires adherence to the programme model.

**Required qualifications:** the implementation of MTFC requires an accreditation process that includes the development of an implementation plan, a four-day training of core staff and support with the initial training of foster caregivers. Caregivers are not required to have any previous training or qualifications. They receive approximately 20 hours of direct training followed by continued support, consultation and supervision by professionals who carry a small caseload. Crisis intervention services are available non stop. Sites delivering the programme receive continuous supervision from MTFC consultants.

**Required resources:** MTFC requires a substantial initial investment into the development of the infrastructure and the training of staff before service delivery can start. Therapeutic foster caregivers receive payments in addition to their regular compensation for foster care. In addition, they may also receive a special stipend depending on the needs of each child or youth. The cost for these programmes is comparable with other placement types; they are less costly than placements in residential settings [1].

**A programme example:** ‘Multidimensional Treatment Foster Care’ (MTFC - [www.mtfc.com](http://www.mtfc.com)) is a highly structured and evidence-based treatment programme for adolescents who have committed multiple serious offenses. The foster parents control the behaviour of the adolescent closely, in particular making sure that he or she does not come into contact with peers. The programme sets clear limits and rule violations are punished consistently while positive behaviour is rewarded. The foster parents receive extensive training and are supervised around the clock to achieve optimal quality assurance. Foster parents take in only one foster child. Randomised evaluation studies showed a decrease in repeat offenses and less violence compared to conventional care in groups. Due to positive evaluation results, MTFC is now also offered in Sweden, Norway and the Netherlands. There are customised versions for teens, schoolchildren and preschoolers.

## Effectiveness

Our knowledge about what works and what does not in the system of out-of-home placements is still seriously limited. A review of residential childcare treatments cautiously concluded that residential care programmes have a positive effect on reducing externalising and internalising problems and that programmes with a strong behavioural component and a family-oriented component seem to work better than others [2]. The therapeutic MTFC programme seemed to have more beneficial effects than regular residential care.

The effectiveness of therapeutic foster care has been examined intensively. Earlier reviews of the evidence had come to largely positive conclusions (e.g., [3]). A more recent review focused on studies that allow for particularly valid conclusions, namely randomised studies [4]. The studies assessed therapeutic foster care programmes for individuals up to the age of 18, who were in or at risk for placement in restrictive settings. They suggest a significant decrease in self-reported offenses, the number of days children and young people ran away from their placement, the number of criminal referrals and the time spent in institutional settings - 12 to 24 months following youths’ entry into the programme. Additional improvements were observed in school attendance, homework completion and engagement with employment. However, these findings should be interpreted with some caution as only five studies could be included. The authors of the review also note a lack of independent replication studies and not enough knowledge about effects in different settings and for different groups of young people.

The most recent studies illustrate this problem. A randomised trial in Sweden showed larger improvements for children who received the MTFC intervention as compared to regular foster care in nine out of 10 outcomes, including externalising and internalising problems [5]. In contrast, two evaluations in England arrived at less optimistic conclusions. A first study of young offenders found a significant short-term effect on repeat convictions and criminal activity, but the effect disappeared after the children had returned to the community [6]. A second evaluation of MTFC for 11- to 15-year-old children in England showed no benefits in comparison to standard treatment [7].

**Influencing factors:** therapeutic foster care is an intensive intervention for young people with serious behaviour problems. Several conditions are believed to be necessary to achieve positive results [8]:

- A clear specification of intervention protocols, targets and desired outcomes;
- An elaborate quality assurance system;
- Collaboration with and integration into existing services; a treatment team with clearly defined roles;
- A small caseload for programme supervisors and a continuous support structure for foster parents;
- Weekly meetings between members of the treatment team and the foster parents;
- Reinforcement of positive behaviours, fair discipline for rule violations and control of peer contact;
- Preparing the biological parents for the return home, including parent training.

In addition to these factors, current evidence suggests that for children who were removed from their home because of maltreatment, foster care by relatives, where possible, may be preferable to foster care by unrelated adults [9].

## Conclusions and recommendations

There is increasing evidence that the future of children who are placed in out-of-home care can be positively influenced through high-quality interventions. Therapeutic foster care is a promising programme that helps foster parents through a structured behaviour management system that encourages positive and age-appropriate behaviour.



Photo: Sebastián León Prado, CC

There is a lack of reliable information about the current provision and quality standards in some countries. Progress could be made both through academically sound evaluations of current provision and through the introduction and evaluation of new approaches that have been found to be effective in certain countries.

We also note a lack of transparency in the current provision of foster placements. We believe that the development of verifiable national quality standards across different types of provisions for vulnerable children is an essential strategy to improve the effectiveness of interventions in this area.

# Structured leisure time activities

## 18. After-school programmes

- Universal
  - Selective
  - Indicated
- Family
- School
  - Social
- Environment

- Before birth
- Infancy (0-1)
- Early Childhood (1-7)
  - Middle/Late Childhood (7-9)
  - Early Adolescence (9-13)
  - Middle/Late Adolescence (13-18)

### Goals

Provide after-school supervision; enrich social and academic skills, as well as prevent maladaptive behaviours.

### Target group

School-aged pupils.

### Risk factors

Lack of supervision, unsafe neighbourhoods, membership of antisocial peer groups, lacking support for academic and social skills.

### Overall effectiveness

Effective (for universal and selective programmes).

After-school programmes provide adult supervision and care for those children and adolescents whose parents or caregivers are absent during the day. They comprise a pool of structured activities to enrich children's social and academic skills, as well as prevent maladaptive behaviours.

Recent meta-analyses from the United States assessing after-school programmes' effectiveness display small but positive effects on self-perception, academic achievements and attachment to the school. The effect on juvenile delinquency is less clear. It is currently also unclear if these findings are applicable to Europe since evidence in European contexts is still scarce.

## The problem

Due to the increase of working parents of both sexes, many children receive little or no adult supervision after school hours. Previous research has shown that a lack of adult supervision is related to an increased risk of both juvenile delinquency and victimisation [1, 2]. In addition, many cases of robbery, simple assault and aggravated assault by juveniles occur after school hours, between approximately 2:00-6:00pm on school days, both in the United States and in European countries such as Switzerland [3-6]. These research findings suggest that juvenile violence may be partly due to the absence of adequate supervisors to keep these youths out of trouble. Furthermore, absent parents have diminished possibilities to stimulate their children's school work, which puts these youths at risk of decreasing academic and job success, which may, in turn, increase the risk of offending [7, 8].



## Goals

Although originally implemented to provide youths with a safe place after school hours, after-school programmes are increasingly aimed at improving the academic performance of attendees [9]. Thus, in addition to reducing the amount of time that youths spent without adult supervision, programmes also offer them enriching learning and social experiences, including tutoring and recreational activities. After-school programmes target children from about five to 18 years. Some programmes target those who are at risk of becoming the perpetrators or victims of violence.

## Delivery

**Delivery format:** programmes differ in their specific goals, with some being focused on enhancing school achievement, whereas others are targeted towards stimulating youths' social and personal development. As a consequence, programmes also utilise different delivery formats, with some restricting themselves to academic tutoring and homework assistance, while others include a broad range of activities, such as social skills training, information on the prevention of risky habits, sports and recreational activities. Accordingly, approaches range from one-to-one (often restricted to academic tutoring programmes) to group-based initiatives. Furthermore, while purely didactic approaches are sometimes used, other programmes include a learning-by-doing component in which the youths are involved in the activities. Both universal programmes (for all youths, regardless of background) and selective programmes (for at-risk youths, e.g., youths from low-income families or with poor school achievement) exist.

**A programme example:** in the United States, the 'LA's Best' programme ([www.lasbest.org](http://www.lasbest.org)) is aimed at providing safe and supervised education as well as enrichment and recreation activities after school. It is targeted at five- to 12-year-old children and consists of several core activities, which include homework assistance, academic skills activities, recreational activities and the provision of nutritious snacks. These core elements are complemented by a range of special programmes, such as teaching tolerance and conflict resolution skills, activities towards enhancing attitudes towards peers and families, as well as sports competitions. Started in 1988, the programmes take place on school grounds across Los Angeles and have been implemented in 194 schools.

**Delivery setting:** after-school programmes are provided as complementary to formal education. They take place in the afternoon, on weekends and during holidays (the latter in the form of summer camps or schools). They are typically delivered in schools or community centres.

**Required qualifications:** supervisors may range from volunteers to trained practitioners who have received qualifications in the provision of counselling and first aid or the identification of problematic behaviour.

**Required resources:** programmes need to have an attractive space in which the activities take place (ideally including designated inside and outside areas) and trained staff.



Photo: Ben den Engelsen, CC

## Effectiveness

Available meta-analyses that have summarised prior evaluations of after-school programmes have been restricted to the United States. It is currently unknown how such effects translate to European countries. Although relatively little is known about the effects of after-school programmes on juvenile delinquency, there is some evidence that they reduce delinquency in middle-school, but not in elementary school children [10].

The programme evaluated in this study was the ‘Maryland After School Community Grant Programme’, which provided activities in three areas, namely academic assistance, social skill or character development and recreational activities in public schools or community centres. Children attended the programme for about 65 days and received 1.5 to 2.5 hours of educational services and social skills or character development training per week. The beneficial effect appears to be primarily due to altered attitudes about substance use and help in coping with peer influence, but not to decreased time spent unsupervised or participation in constructive activities. Research also suggests that after-school programmes may be financially beneficial, as cost-benefit analyses indicate an average 2.50 USD saving for each USD invested [11].

More is known about the effects of after-school programmes on educational achievement. Programmes that aimed to enhance youths’ personal and social development have been shown to have beneficial effects on youths’ feelings and attitudes, behaviour and school performance [12]. Specifically, they have small to moderate beneficial effects on children’s positive self-perceptions, school bonding, good social behaviours, achievement test scores, school grades and reduced problem behaviours. There was

no evidence that the programmes reduced drug use or increased school attendance. Programmes targeted specifically or mostly towards at-risk children (low-income minority children or children with poor school performance) appear to also have some effects on enhanced reading and mathematics [13], although studies with high-quality designs have raised questions about these findings, showing no beneficial effects [14]. The latter may have been due to low participation rates.

**Influencing factors:** after-school programmes that reduce delinquency are characterised by an emphasis on structured social skills and character development training [10]. Furthermore, effective programmes have four key elements in common [12]:

- They are structured according to a sequenced, step-by-step approach that connects the intermediate steps;
- They include behavioural rehearsal strategies in which youths can actively practise their newly learned skills;
- They dedicate time to skills training and they clearly state what their goals are.

According to research, programmes that work according to all the above principles are beneficial for children. For academic achievement, it appears that programmes need to deliver a minimum amount of hours (over 45) to achieve beneficial effects, but longer programmes do not necessarily achieve better results [13]. Whether programmes are delivered after school or during summer schools does not matter in terms of their effect on academic functioning. For enhancing reading achievement, in particular, programmes with one-to-one tutoring achieved better results.

There are indications that programmes that primarily attract problematic youths are counterproductive, especially if these programmes do not offer a structured set of activities. Such programmes can lead to more, instead of less, delinquency. The reason for this is probably that bringing these youths together reinforces each other's problematic behaviour [15].

## **Conclusions and recommendations**

The evidence suggests that after-school programmes can reduce delinquency. They also have small to moderate beneficial effects on youths in terms of increasing their positive feelings and attitudes, behavioural adjustment and school performance.

Implemented programmes should seek success in motivating youths to participate, as this has been shown to be a problem, particularly among at-risk ones. Furthermore, more effective programmes are characterised by a sequenced, active, focused and explicit approach. They also include social skills and character development training.

Programmes should avoid the problem of letting youths who display problematic behaviour reinforce each other's delinquent conduct. They should, therefore, be clearly structured and include a broad range of youths. In spite of these positive suggestions, we emphasise that the current state of the evidence is still inconclusive. Studies have been restricted to the context of the United States, whereas sufficient evidence for Europe is lacking. Since best practices are context-specific, more European evidence is needed. Evidence on the long-term effects of after-school programmes is also largely lacking. Furthermore, there has only been a limited amount of research on the effects of these programmes on youth violence. There is a need for more rigorous studies, as existing ones have shown methodological limitations, including low participation rates of youths.

Finally, because programmes must be attuned to the specific context, institutional and political actors at the local level should be consulted and involved in the implementation. Successful negotiations with local actors will strengthen programmes' effectiveness. It would be interesting to examine the influence of structural links with external partners on the accessibility and the longer-term impact of programmes.

## 19. Media-based programmes

- Universal
- Selective
- Indicated
- Family
- School
- Social Environment

- Before birth
- Infancy (0-1)
- Early Childhood (1-7)
- Middle/Late Childhood (7-9)
- Early Adolescence (9-13)
- Middle/Late Adolescence (13-18)

Media-based prevention programmes use technological resources (such as DVDs, CD-ROMs, books, booklets, computers, internet websites, manuals or audio/ videotapes) to teach adolescents or their parents how to manage problem behaviour and change unhealthy habits. Programmes are available for diverse issues, but we focus on difficult child behaviour and substance use here.

Recent research reports that these programmes, also known as 'minimal contact programmes', have a small to moderate beneficial effect, which can be enhanced when used in conjunction with other short-term treatments.

### Goals

To improve the understanding and management of physical health or behavioural problems.

### Target group

Parents and caregivers of young people, adolescents and children.

### Risk factors

Poor parental skills and parent-child interaction, child cognitive, emotional, and behavioural problems, substance abuse.

### Overall effectiveness

Promising.

## The problem

Problem behaviour in children and adolescents, as well as risky health behaviour such as substance use, increase the likelihood of violent conduct [1, 2]. The mass availability and mainstream use of new technologies over the past decades, such as computers and the internet, have opened up new possibilities for the reduction of risky behaviours. In addition, traditional media including books and manuals can also be used to provide information. Programmes delivered through such media are sometimes advantageous over more individualised forms of therapy because they are relatively cheap, easy to replicate and suitable for large-scale implementation, even in remote areas, once a successful format exists.

### Results from the z-proso study: Computer and internet use

In Zurich, 71% of 15-year-old children have their own computer with internet access in their bedroom, while 39% have their own TV. The media use of these adolescents reaches its peak at the weekend. On a regular Saturday, 24% spends more than three hours per day chatting or surfing on the internet while 17% spends more than three hours watching TV.

*Source: Original data analyses, Zurich Project on the Social Development from Childhood to Adulthood, z-proso*

## Goals

Media-based programmes are often used in the public health domain to tackle a broad range of problems such as obesity, tobacco use or unsafe sex. We focus on applications targeted at problem behaviour and substance use. Depending on the approach, programmes are aimed at the general public, at-risk groups or individuals with problems.

## Delivery

**Delivery format:** programmes can be delivered through a range of media including both traditional (e.g., books, manuals) and new (e.g., computer, internet) media. While many prevention programmes include a component that is delivered through media, such as video sessions or booklets, the programmes in this chapter use media as their primary means of delivery. Nonetheless, some media-based programmes are delivered in combination with face-to-face therapy, group sessions or follow-up phone calls. Others offer a completely self-administered programme that includes: passive information, interactive internet exercises, a television series, suggested activities and homework. Many programmes comprise a limited number of sessions that typically include health information, motivational components such as personalised risk assessments, as well as skills training [3]. In addition, computer-delivered programmes may also include electronic peer support and chatrooms [3].

**Delivery setting:** in contrast to many other prevention initiatives, media-based programmes do not necessarily need a physical space. After access to the media has been made available, the self-administered components can be accessed from home and completed without the help of a professional. However, in special groups, such as drug users, programmes may be offered onsite.

**Required qualifications and resources:** because self-administered programmes do not require the help of a professional, no special training or qualifications are needed. The extent of training required for components

**A programme example:** ‘Family Matters’ ([familymatters.sph.unc.edu](http://familymatters.sph.unc.edu)) is a US-based universal programme that aims to prevent alcohol and tobacco use among 12- to 14-year-old children. Parents receive four booklets with information about adolescent substance use and risk factors, as well as suggestions about how to prevent it, including family rules and weekly activities. Each booklet is followed by a phone conversation with a health educator who motivates the family to complete the programme and provides additional information if needed. In a field trial with 1316 participants, the programme had a small (reduction of about five to 10%) but statistically significant effect on the likelihood of smoking and alcohol consumption at three and 12 months after the intervention.

that are combined with the self-administered programme is fully dependent on the type of programme and can range from basic training for occasional superficial communication with staff to extensive training for face-to-face therapy. Programme costs depend on the duration of the programme and the type of media used. In general, media-based programmes can be implemented at low cost.

## Effectiveness

Media-based programmes for the parents of children and adolescents with behavioural problems have been shown to be promising. Some evidence has proven that they seem to reduce conduct problems, although only a few studies were included in this meta-analysis [4]. The programmes involved were (cognitive) behavioural approaches for the parents of two- to 14-year-old children that provided information about children's difficult behaviour and its effective management. The programmes were delivered via audiotape, book, computer, manual, videotape or a combination of these. Professionals were not involved.

Supporting evidence for the effectiveness of media-based programmes comes from programmes aimed at reducing health problems in older populations. Computer-based approaches of longer duration have been shown to be effective in reducing substance use (alcohol and/or drugs) at an average of 7.5 weeks after the programme [3]. The initiatives ranged in duration, but a purely computer-delivered programme encompassed three sessions of 21 minutes, whereas a combined programme included 11 45-minute computer-delivered sessions and electronic peer support (42 sessions of six minutes each) or electronic chatrooms (eight sessions of 60 minutes each). Furthermore, computer-delivered programmes among at-risk college students (e.g., students with alcohol problems) reduced drinking both directly after the programme, as well as more than six weeks later [5].

These programmes typically comprised a single-session and a 20-minute computerised task, which turned out to be as effective as alternative programmes, such as delivery in print or a brief therapy. Finally, compared to standard treatment, young adult drug users showed less drug use after a computer-based programme that was similar in duration compared to traditional therapy [6]. The participants also showed a high level of satisfaction with the programme.



Photo: Vismay Krishna, CC

**Influencing factors:** there are emerging findings on the factors that influence the effectiveness of media-based programmes. These include:

- Programmes seem to be more effective in reducing substance use when they have higher doses and among individuals who currently consume alcohol [3];
- There is some evidence that suggests that media-based programmes are more effective if they include additional components. For example, computer programmes seem to be more successful if they

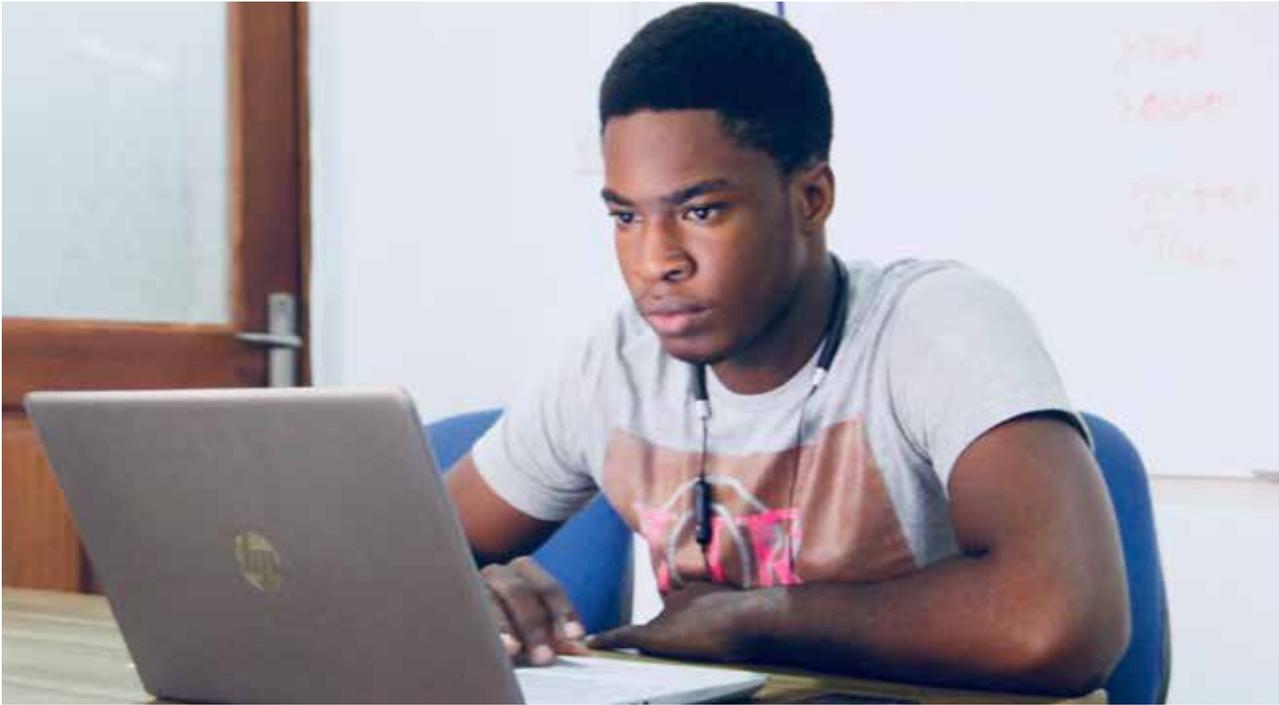


Photo: NESAs by Makers, CC

comprise human interaction [5]. Furthermore, media-based cognitive behavioural treatments of parents of children with behaviour problems seem to be more effective when combined with group discussions with the support of a therapist;

- The low use of media-based programmes has been identified as a problem. A combination of tailored individual communication (e.g., personal feedback on progress made), the use of reminders to (re-)visit the website and incentives (e.g., monetary compensations per session attended) has been associated with higher participation [7]. Interactive web pages (e.g., interactive quizzes or games) also resulted in higher exposure compared to more passive informational webpages. These findings are partly in line with research among adult users of internet-based programmes [8], which may be relevant in our context for the parents of children with conduct problems. In these programmes, peer and counsellor support, e-mail or phone contact (as reminders, with feedback or as regular contact with a facilitator), as well as updates of the website (e.g., news items, tip of the day), were related to more extensive use of the programme by the participants.

### **Conclusions and recommendations**

Media-based programmes have shown promise in reducing child conduct problems and substance use. Although the number of studies evaluating the effects on children and adolescents is still limited, research among (young) adults suggests beneficial effects of these programmes. These results are promising because media-based programmes can ensure broad coverage of people at a relatively low cost. Better results can be obtained when media-based programmes are combined with components that involve human interaction, such as group discussions with therapy support.

In spite of these positive results, however, it should be emphasised that little is known about the effects of media-based programmes, especially among children and adolescents. We, therefore, recommend additional, high-quality evaluation before more definitive conclusions can be drawn.

## 20. Programmes against violence in cyberspace

- Universal
  - Selective
- Indicated
- Family
  - School
  - Social Environment

- Before birth
- Infancy (0-1)
- Early Childhood (1-7)
  - Middle/Late Childhood (7-9)
  - Early Adolescence (9-13)
  - Middle/Late Adolescence (13-18)

**Goals**  
Reduce the risks of perpetration/victimisation by using digital means. Encourage the safe use of communication technologies.

**Target group**  
Children and adolescents.

**Risk factors**  
Cyberbullying, victimisation in cyberspace, unhealthy habits in the use of electronic devices (e.g., long hours using the internet), lack of parental control over the use of media.

**Overall effectiveness**  
Promising.

Cyber aggression refers to a broad range of harmful activities that involve electronic communications via modern media, often the internet and/or mobile phones. Most typically, it encompasses cyberbullying, harassment, stalking and sexual victimisation.

Recently, programme implementers have responded to these challenges by offering prevention programmes to educate youths and their parents about the dangers of modern media and about ways to prevent cyber victimisation, such as through the use of special software or by reducing the disclosure of personal information. Bearing in mind that cyber violence is a recent phenomenon, the available evidence base is still thin. The evidence that does exist suggests that the currently evaluated programmes have limited impact.

## The problem

The mass availability and use of modern electronic media such as the internet and mobile phones have not only increased the possibilities for positive communication between individuals but have also opened up new ways of harming others. For example, social media and text messages can be used to bully and embarrass peers, stalk (ex-) dating partners, seduce minors to perform sexual acts online, spread illicit pornography and make it available to minors. Cyberbullying has harmful effects: 38% of youth who experienced online harassment reported being seriously distressed as a result [1], highlighting the importance of preventing cyber victimisation.

### Evidence from Switzerland: Cyber violence

Findings from the JAMES Study show that 17% of students said someone had tried to put them down while chatting or in social networks on the internet and that 3% had experienced public insults. The study involved 1,177 young people aged 12-19 in the three Swiss language regions. Similarly, the netTEEN Study showed that 14% of students had been involved in cyberbullying as a perpetrator, while 22% had been a victim. This study involved 835 children aged 13 in the cantons of Wallis, Thurgau and Ticino. Although cyberbullying was less prevalent than traditional forms of bullying, its consequences can be worse due to the public nature of the humiliation and the possibility for the perpetrator to remain anonymous.

*Source: [2-4]*

## Goals

Given that for many people, the use of new technologies and social media is becoming an unavoidable part of modern life, the primary strategy of these programmes is to make cyber activities safer. In addition, some aim to provide support for the victims and perpetrators of cyber aggression. Programmes generally target children and adolescents, although some are focused on or include parents and teachers.

## Delivery

**Delivery format:** programmes to reduce cyber victimisation can generally be categorised into three types, which all have specific delivery formats [5]:

1. Psycho-educational programmes inform children, youths and/or their parents about the risks of electronic communication and using digital media, and about strategies on how to avoid victimisation. For example, youths are taught not to reveal very personal information on forums, on social network profiles or to unknown individuals, and not to publicly spread potentially harmful information. Parents are informed about online youth behaviour and the risks involved, and about how increased parental monitoring can be used for prevention purposes. Programmes take place online and offline and can include face-to-face presentations, websites, computer games and cyber solicitation simulations;
2. There are initiatives encouraging the implementation of technological strategies by parents or supervisors such as installing software to block children's access to risky websites, to filter images or to implement privacy filters;
3. Therapeutic programmes provide help for those who have already had experiences with cyber violence as a victim or as an offender. Sessions may take place online, such as in the form of chat rooms, and/or offline, e.g., through face-to-face counselling.

**Delivery setting:** this depends on the nature of the programme and includes the home, school and community. Psycho-educational programmes for children and youths are primarily offered at school [5].

**Required qualifications and resources:** the amount of training depends on the programme and target group. Structured psycho-educational and therapeutic programmes require training of the facilitator. As information and communication technologies, as well as their use by young people, change constantly, refresher courses are recommended. The implementation of technological initiatives requires some basic knowledge on the part of parents or schools on how to download - when not already installed - and manage such software. The cost of implementation is difficult to estimate as it depends on the programme.

A programme example: ‘Childnet’ ([www.childnet.com](http://www.childnet.com)) is a charity based in the United Kingdom that aims to educate children, youth, parents, teachers and the general public about safe internet use. Educational resources focus on a range of topics, including cyberbullying, sexting and grooming, and are offered in interactive sessions, typically up to a maximum of four 30- to 60-minute sessions during one day. Parent or staff training is also offered and one of its activities is the ‘UK Safer Internet Day’. Another resource is provided on the ‘kidSMART’ website ([www.kidsmartearlylearning.org/DE/](http://www.kidsmartearlylearning.org/DE/)), which informs youths, parents and teachers about safe exploration and the risks of specific internet activities. The website is available in several languages. Evaluations show that some components of Childnet are associated with an increase in knowledge among children. However, there is no reliable evidence as to whether a change of behaviour is achieved.

## Effectiveness

The vast majority of prevention programmes to prevent or reduce cyber victimisation has not been evaluated. We are aware of only one relevant meta-analysis that summarised the evidence from prior studies [5]. This included only three prior evaluations that comprised educational programmes. The results showed that youths who took part in a cyber violence prevention programme reported more internet safety knowledge than other youths who did not participate.

However, these programmes did not result in less risky internet behaviour. For example, youths who did and youths who did not receive the programme reported similar rates of browsing inappropriate websites, giving



Photo: Luke Porter, CC

out personal passwords, and disclosing personal information online. Moreover, youths who received the programme did not report fewer cyber bullying incidents than those who did not receive the programme.

**Influencing factors:** very little is known about the programme elements that are successful in preventing or reducing cyber aggression. For cyberbullying specifically, researchers have emphasised the role of schools and parents in preventing cyberbullying, as well as the empowerment of children as key actors. However, empirical evidence is still largely absent [6, 7].

Prevention strategies against cyberbullying need to be incorporated into existing whole-school approaches. Activities that raise awareness of cyber bullying and its consequences should be built into standard class curricula. It has been found that such programmes are not only effective in reducing traditional, offline forms of bullying but that they also reduce cyberbullying [8].



Photo: McKaela Lee, CC

Furthermore, as the perpetrators of cyberbullying seem to feel less remorse compared to bullies using offline means, it may be important to emphasise the serious negative consequences of cyberbullying for its victims as to increase empathy and understanding in bullies and bystanders.

As the developments in cyberbullying change rapidly (e.g., with new technologies and social media appearing), teachers may be kept up to date through discussion rounds and research projects by their students. In addition, adult supervision on children's use of electronic communication by teachers and parents should be promoted. Cyberspace may not only be used to commit but also to combat cyber aggression. For example, victims may receive virtual peer support.

### **Conclusions and recommendations**

Very little is currently known about the effectiveness of programmes against cyber aggression. The research that does exist focuses on (the very few) educational programmes for youths and suggests that although these programmes increase youths' internet safety knowledge, they may not result in safer internet behaviours.

However, the current state of evidence does not permit any definitive conclusions. Given the steady place that electronic communication has acquired in modern life and the negative consequences of cyber aggression on its victims, it is of high importance to further investigate how the safe use of electronic communication can be implemented.

## 21. Programmes for reducing prejudice and promoting positive intergroup activities

- Universal
- Selective
- Indicated
- Family
- School
- Social Environment

- Before birth
- Infancy (0-1)
- Early Childhood (1-7)
- Middle/Late Childhood (7-9)
- Early Adolescence (9-13)
- Middle/Late Adolescence (13-18)

Programmes to reduce prejudice and promote positive intergroup relations target negative beliefs, attitudes and ultimately behaviours and tolerance towards members of other groups. These include individuals from other ethnic groups, people with disabilities and the elderly.

The evidence suggests that these programmes have small to moderate, but practically significant beneficial effects on intergroup attitudes.

### Goals

Reduce prejudice and promote positive attitudes towards other groups (e.g., other ethnic groups, people with disabilities, the elderly).

### Target group

Children and adolescents from about three to 18 years old.

### Risk factors

Prejudice and intolerance towards others, racism, scarce contact with other groups, low empathy.

### Overall effectiveness

Promising.

## The problem

In several countries there is tensions between social groups, especially those that have experienced immigration by different ethnic groups. Negative attitudes, antipathy and prejudice towards members of other groups can have detrimental social consequences, ranging from bullying on the playground to hate crimes and right-wing extremism. Examples around the world have shown that they may even cause wars. The ‘other group’ on which prejudice focuses may include ethnic minorities or immigrants, but also religious groups, individuals from lower social classes, people with alternative sexual orientations, people with physical or mental disabilities, elderly people as well as persons who are overweight or poor. An early start of prevention campaigns and of the promotion of positive intergroup experiences is important as the development of negative attitudes towards other groups begins in young children [1].

## Goals

These types of programmes aim to reduce prejudice and promote positive intergroup attitudes in children and adolescents. Although several classification systems exist, roughly three types of theoretical principles underlying the programmes can be distinguished [2]. The first assumes that positive contact between members of different social groups leads to less prejudice. The second hypothesises that knowledge about the other group and about prejudice reduces antipathy. The third believes that having strong (social) cognitive skills (such as empathy or taking the other’s perspective) is associated with more positive intergroup relations. The theoretical principle underlying a particular programme determines its specific aims and strategies, as described below.

## Delivery

**Delivery format:** the majority of the programmes addresses prejudice against persons of other ethnic groups, followed by prejudice against people with disabilities and elderly people [2]. Programmes that emphasize positive contact with the other group arrange opportunities for direct or indirect contact between groups, e.g., through integrated schooling, joint playing, or public campaigns around famous out-group members.

Knowledge-based programmes include information on the other group, on multiculturalism, and on prejudice and intergroup attitudes and norms. Finally, programmes that focus on social-cognitive skills train participants in abilities such as empathy, moral decision-making and conflict solving. The methods that programmes use include group discussions, role-play, lectures, films/videos, simulations and printed



Photo: Audi Nissen, CC

materials. Most programmes have a low to medium intensity, lasting eight weeks or less, and contain 10 sessions or less, although programmes can range in duration from one meeting to 44 weeks [2] or 4 to 80 hours in length [3]. Most programmes focus on elementary school children in the age range of six to 10 years, although there are also programmes delivered at preschool or high school ages.

**Delivery setting:** some programmes are delivered at school, others in recreational settings such as summer camps. Naturally, media campaigns have a much broader delivery setting.

**Required qualifications and resources:** although many programmes require training or preparation of the teacher or facilitator, the extent of training varies between programmes. Furthermore, media campaigns and television series can be delivered without the active role of an intermediate. While some programmes require the training of teachers or other facilitators and the purchase of supporting materials, others can be freely accessed and downloaded from the internet. As a consequence, costs for the programmes vary widely.

**A programme example:** The ‘Autobiography of Intercultural Encounters’ (AIE, [www.coe.int/lang-autobiography](http://www.coe.int/lang-autobiography)) was developed for the Council of Europe. Its aim is to encourage the development of intercultural skills and competences. It does so through a guided reflection on an individual’s own experiences. The programme has several versions, one of which is aimed at children. For this target group, the programme has two formats, namely a written format that children can work on more or less independently and an interview format where the child relates his/her experiences to a facilitator. The children reflect on intercultural encounters by describing their experiences with meeting someone from another culture, their own feelings and their perceptions of the other person’s feelings. Exercises may be done with the whole class or by children on their own. The programme can be used as a regular part of the curriculum, but can also be planned specifically after children have had contact with other cultures, for example after school holidays or after an intercultural event. The programme material can be downloaded freely. So far, no scientific studies on its effects have been done.

## Effectiveness

Three meta-analyses have summarised prior literature on the topic, of which two were focused on promoting respect and positive intergroup attitudes among children and adolescents [2, 4]. The other analysis focused on contact programmes among all ages [5]. Overall, these analyses show the following:

- About 40% of the evaluated programmes among children had beneficial effects and 50% had non-significant effects [4]. Overall, the effects are practically relevant, with an improvement in intergroup attitudes of about 15% [2];
- It is important to note that, despite the many positive results, 10% of programmes had negative effects as they led to worse intergroup attitudes [4];
- Findings suggest that the programmes may have durable effects: these remained of an equal magnitude after four months compared to directly after the programme [2];
- For contact initiatives specifically, programmes for different age ranges (from under-12-year-old children to adults) were equally effective [5].

**Influencing factors:** information exists about the factors that influence programme effectiveness [2, 4]:

- Programmes seem to have a larger effect on the cognitive dimension of intergroup attitudes than on the behavioural and affective ones. There were no significant effects on the affective dimension;
- Programmes were more successful in increasing positive attitudes towards people with disabilities than towards individuals from other ethnic groups;
- Programmes that included direct contact with the out-group or that focused on improving skills in taking the other’s perspective were more successful than training in social categorisation and problem-solving skills;
- Although the differences were small, it appears that programmes that use role-playing are more effective than group discussions and printed materials.



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## Conclusions and recommendations

Overall, programmes for reducing prejudice towards other groups achieve a small to moderate, but practically significant effect. Although less is known about the long-term effects, studies suggest that they are durable. Social contact and training in empathy and taking the other's perspective reduced prejudice - these initiatives are therefore recommended. Notwithstanding the previous point, a minority of the evaluated programmes had negative effects. We recommend that more studies are undertaken to understand how these negative effects can be avoided.

In general, the circumstances under which programmes are effective are largely unclear. To this end, further research is needed. This should also examine the usefulness of programmes in preventing prejudice-motivated incidents in public spaces. In addition, few evaluation studies of social media campaigns are available [6]. These could be especially useful, given the large number of people that such campaigns can reach at relatively little cost.

It is essential to adapt programmes to their specific context. Thus, the structural conditions and intergroup attitudes in a country need to be carefully analysed and integrated into programme implementation. In addition, the involvement of local political and institutional actors needs to be ensured before a programme is rolled out. These two factors will be important for its success.

# Victim support

## 22. Support for child and adolescent victims of sexual violence

- Universal
- Selective
- Indicated

### Family

- School
- Social Environment

### Before birth

#### Infancy (0-1)

- Early Childhood (1-7)
- Middle/Late Childhood (7-9)
- Early Adolescence (9-13)
- Middle/Late Adolescence (13-18)

Support strategies for child and adolescent victims of sexual violence often take the form of psychosocial therapies. These aim to reduce the negative psychological and developmental consequences of sexual victimisation.

Evaluations show that these programmes have moderate to large beneficial effects on victims' well-being, which were maintained over time. However, the extent to which a programme is effective varies and depends on factors such as the type and duration of the treatment.

### Goals

To stop or reduce symptomatology of the consequences of sexual victimisation, including post-traumatic stress disorder, sexualised behaviour, low self-esteem and intimacy issues.

### Target group

Children and adolescents; caregivers are sometimes included in the treatment.

### Risk Factors

Effects of sexual victimisation, such as nightmares, low self-esteem, anxiety disorder, fear, depression, behavioural and emotional problems and trauma.

### Overall effectiveness

Effective.

## The problem

By sexual violence against children and youths, we mean any criminally liable sexual acts against individuals under the age of 18 years, irrespective of who the offender is and what his or her relationship to the victim is. Sexual victimisation can be a severely traumatising experience for children and youths. It is associated with later negative psychological and developmental outcomes such as mental, personality, anxiety and major affective disorders (e.g., [1]). Helping children and youths to cope with their experiences is of the utmost importance to pave the way for a positive outlook, as well as for increasing their well-being.

### Evidence from Switzerland: Sexual victimisation and psychological well-being

The Optimus study has shown that 8% of 15-year-old males and 22% of females have experienced sexual contact victimisation in their lives. These Swiss youths are more likely to display internalising problems, such as unhappiness and fear, and externalising problems, such as fighting and getting angry easily, than other youths. For example, whereas 8% of non-victims experienced abnormally high levels of internalising problems, 24% of victims did. However, only few victims, namely 4%, received psychological or psychiatric treatment to cope with their experiences.

*Source: Optimus Study Switzerland [2]*

## Goals

These programmes intend to promote children's recovery from sexual victimisation by reducing psychological distress and maladaptive outcomes, including post-traumatic stress disorder (PTSD), sexualised or otherwise transgressive conduct, lack of self-esteem, and (other) internalising and externalising problem behaviour. The majority of the programmes focuses on treating the children and youths, but some include or focus only on his or her (non-offending) caregiver.

## Delivery

Psychosocial treatment programmes for child and adolescent victims of sexual violence are varied and although some are standardised, others are not. Due to the variety in approaches and individual treatment needs, it is very difficult to provide a general delivery overview.

**Delivery format:** this depends on the theories underlying the therapy, which come from a variety of psychological models. However, there is a predominance of cognitive behavioural approaches, often trauma



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focused, which are used alone or in combination with other treatments [3]. Other treatments include, for example, eye movement desensitisation reprocessing, group therapy, psychodynamic therapy (such as play therapy) or empowerment of the child's self-reliance. These therapies are used according to age. For younger children, therapists often focus on play and art therapy.

**Delivery setting:** these vary according to the type of treatment, the victim and the treatment requirements, and the risk for further victimisation. Treatments can take place in outpatient mental health facilities, inpatient hospital treatment, juvenile detention facilities, group homes, schools and at private homes.



Photo: Matheus Ferrero, CC

**Required qualifications:** therapists have varied backgrounds, which is not surprising given the different approaches. Many programmes are executed by highly-qualified mental health professionals who are specialised in a particular therapy. Social workers and trainee therapists also deliver (part of) the treatment.

**Required resources:** given the varied, individual nature of treatment programmes, the costs for the treatments are highly dependent on the approach taken.

### Effectiveness

There have been at least nine meta-analyses that have evaluated the effectiveness of psychological treatments in reducing the negative consequences of sexual victimisation among children and adolescents up to age of 18 [3-11]. Their findings are as follows:

- Overall, psychological treatment has moderate to large beneficial effects on victims' psychological well-being [3-7]. Although the effects on some dimensions of well-being are more variable, the overall findings seem to be that the beneficial effects generalise across dimensions such as internalising problems, PTSD, externalising problems and self-esteem;
- Although few studies assessed long-term effects, the ones that did suggest that the effects are maintained and even slightly increased over time. Exactly how long the effects persist is unclear, but reports suggest that they last at least six months [8] up to a year [7] or even for at least 21 months [3];
- The most often evaluated (trauma-focused) programme is cognitive behavioural therapy (TF-CBT);

Several studies have found that this therapy, alone or in combination with supportive therapy or psychodynamic treatment (e.g., play therapy), is especially effective [3]. However, not all authors agree. For example, some have found that TF-CBT is only more effective for PTSD and not for significant disruptive behaviour problems [8] or that it has achieved similar effects as play therapy and supportive therapy [4].

**Influencing factors:** the mentioned meta-analyses assessed a range of different factors that may influence the effectiveness of psychological therapy for victims of sexual violence. Regarding the factors relating to the therapy, several characteristics were found to matter regarding its effectiveness:

- Most studies suggest that a longer treatment duration (in weeks and/or number of sessions) is associated with higher effectiveness;
- Some evidence suggests that sessions that last one hour or are shorter are more effective than those that last longer than one hour;
- The evidence on whether group or individual therapy is more effective is somewhat conflicting. Although one study found that both are equally effective, another found that for treating PTSD, individual therapy was more effective than group therapy. Family therapy may also be effective in this case, but the number of evaluated studies is too small to be sure; besides this type of treatment is typically not used in cases of acute danger.

## Conclusions and recommendations

Meta-analyses provide consistent evidence that psychological treatment is effective in reducing the negative consequences of sexual violence among children and adolescents. These findings show that psychological treatment is a meaningful approach for supporting the victims of sexual violence. A major challenge is that only few victims seek professional help [2]. It may, therefore, be important to market these services among the public more widely. The use of modern media may be critical.

Although a fair number of evaluation studies exist, we are not aware of such evaluations in Switzerland and other countries. Moreover, prior (international) studies often did not meet the standards for thorough scientific evaluation. For example, most did not include control groups and were not randomised. We recommend that thoroughly designed randomised controlled trials that include long-term effects are used to further advance this field. Evaluations of the work by victim support agencies would also be desirable.

Some evidence suggests that family therapy and/or the inclusion of caregivers in the treatment may be beneficial, although there has been too little research on this topic. This may be a fruitful approach for treatment purposes.



Photo: Warren Wong, CC

## 23. Restorative justice programmes

<p>Universal Selective</p> <ul style="list-style-type: none"><li>• Indicated</li></ul> <p>Family School</p> <ul style="list-style-type: none"><li>• Social Environment</li></ul>	<p>Before birth Infancy (0-1) Early Childhood (1-7) Middle/Late Childhood (7-9)</p> <ul style="list-style-type: none"><li>• Early Adolescence (9-13)</li><li>• Middle/Late Adolescence (13-18)</li></ul>	<p><b>Goals</b> To address a crime in terms of the harm done to the victim as opposed to treating it as an offence against the state. Giving victims and offenders a voice in the justice process.</p> <p><b>Target group</b> Young and adult offenders, victims of crime.</p> <p><b>Risk factors</b> Lack of insight into the consequences of offending, risk of recidivism, lack of involvement of the victims in the criminal proceedings, lack of conflict resolution in conventional criminal justice procedures.</p> <p><b>Overall effectiveness</b> Effective.</p>
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Restorative justice offers an alternative or addition to traditional punitive criminal justice procedures. It provides those who are most affected by a crime - namely the victim, the offender and members of the community - with the opportunity to participate in a dialogue in which they can address questions about the crime, its impact and compensation.

The programmes usually target youth offenders of less serious crime (e.g., minor assaults) although some have been developed for adult offenders and severe violence. Studies suggest that compared to traditional law enforcement approaches, restorative justice has small to moderate beneficial effects on the satisfaction of victims and offenders, therefore offenders commit fewer new crimes.

## The problem

The most serious consequences of crime are faced by those who are directly involved, especially by its victims and offenders. The victims of violence may suffer from trauma, injuries, wage losses and lost quality of life [1, 2]. The offenders may face community rejection and criminal charges, and subsequently criminal proceedings, a conviction and the enforcement of the sanction. In contrast to traditional judicial approaches, which treat crimes as offences against the state, restorative justice procedures directly involve the victim and the offender to resolve informational and emotional needs, and deal with the consequences of crime. In addition, the active and constructive processing of the crime by the participants, as opposed to merely passively undergoing the consequences of the crime and the reduction of the victim to the victim role and his or her function as a witness, contributes to their mutual empowerment.



Photo: Whereslugo, CC

## Goals

Restorative justice aims resolve the negative consequences of a crime for those who are directly involved, including dealing with emotional issues and developing a restitution plan. The goal is not the punishment, but the reconstruction of the relationship between the parties. The process provides an opportunity for the victim to ask the offender questions about the crime, hold him/her accountable, explain how he or she was affected and address needs for compensation of the harm caused. These factors foster the victim's healing process. The offender is offered the opportunity to accept responsibility for the crime, gain insight into its consequences, apologise and offer restitution. Together, the victim and offender can gain an understanding of what the crime has meant to them and cope with its consequences. In order to achieve these goals, restorative justice programmes attempt to provide a safe place that aids an open and honest dialogue.

## Delivery

**Delivery format:** there are numerous types of restorative justice. The most often evaluated programmes involve face-to-face meetings between the victim and the offender, such as conferences (usually with the presence of support parties) and victim-offender mediation (without supporters). The typical process involves a one-off meeting between the victim, the offender and sometimes support parties, who all meet in the presence of a facilitator. In more severe cases and

complex conflicts, several meetings often take place. The parties discuss the crime, its impact and what is needed to repair the harm done. The victim and the offender are usually met and spoken to separately beforehand to ensure that all parties understand the aims of the process and their roles. The terms on which the parties agree (e.g., restitution, community service, drug treatment) are put into writing and are monitored and followed up afterwards. The voluntary cooperation of both victim and offender is usually required and considered essential for ensuring beneficial outcomes.

Besides face-to-face meetings, other forms of restorative justice include indirect communication between victims and offenders through a mediator, apology letters of the offender to the victim, letters of the victim describing the crime's impact to the offender and court-ordered restitution [3]. Restorative justice programmes can be initiated at any point in the criminal justice system, including before the start of the criminal proceedings, during the investigation process, during the legal proceedings and during the correctional phase [4].

**Delivery setting:** face-to-face sessions usually take place in a separate room in legal or community settings. They are also increasingly used in the workplace and at schools, as programmes to deal with bullying [3].

**Required qualifications:** the facilitators, such as volunteers, police officers or other professionals, receive training in mediation. The extent of the training differs, but high-quality programmes require adequate training in restorative justice theory, principles, values and practices, as well as refresher or advanced training [5].

**Required resources:** training for the facilitators has a cost. However, by reducing mental health problems in victims, repeat offending and incarceration, restorative justice has the potential to be cost effective [3].

**A programme example:** In the United Kingdom, the 'Restorative Justice Initiative' ([www.rji.org.uk](http://www.rji.org.uk)) aims to improve community safety and quality of life by providing victims, offenders and members of the community with opportunities for healing, restoration and integration after a conflict. To this end, the initiative assists in mediation and conferences both in the context of criminal justice procedures as in more informal settings such as schools and the workplace. The offender's willingness to admit responsibility for the crime, apologise and repair the harm, as well as the victim's expression of his or her pain, is expected to help in restoring peace and order within the community. In turn, restored relationships between community members are expected to strengthen community cohesion, while at the same time, the community maintains the ownership of problems and solutions.

## Effectiveness

Since all included meta-analyses have focused on face-to-face sessions and mostly on crimes by juvenile offenders, the following overview refers to these types of programmes. Victims who participate in face-to-face programmes are more satisfied with the process than victims whose crimes are processed through traditional criminal justice approaches [4]

Except for post-sentence programmes, offenders who attend restorative justice programmes also report a higher rate of satisfaction compared to traditional criminal justice approaches [4]. Offenders are also more likely to comply with the restitution agreement compared to court-ordered restitution [4]. This effect was relatively strong, but the evidence for the effect of restorative justice programmes on crime is less consistent [3].

However, it appears that offenders in restorative justice programmes are less likely to commit a new crime compared to offenders in traditional criminal justice approaches [4]. For victim-



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offender mediation specifically, juvenile participants may be as much as 30% less likely to re-offend compared to non-participants [6, 7]. There is one important limitation of these studies, which is that they did not or could not impose the restorative justice programmes on involuntary participants. It is therefore very likely that those victims and offenders who did not want to participate are different, which biases the results. However, some individual studies eliminated this bias and still found beneficial effects, which is promising [3].

**Influencing factors:** programmes that are implemented with a high level of supervision and monitoring ensure a high level of implementation fidelity. These are more likely to reduce recidivism than programmes with lower levels of supervision [8]. Programmes that are primarily offender-centered due to a focus on rehabilitation may fail to meet the victims' needs and thereby result in low victim satisfaction [5].

In addition, victims' needs are compromised when facilitators have little experience, inadequate training and minor understanding of restorative justice theory. Furthermore, pressures for a quick disposition or intimidation by the offender result in disappointment in victims. Best practices to ensure high satisfaction in victims, therefore, include adequate practitioner training, thorough preparation of participants, victim-sensitive practices and the promotion of a successful exchange of apology and forgiveness [5].

### **Conclusions and recommendations**

Evidence supports moderate enthusiasm for the promise of restorative justice programmes. They are associated with relatively high levels of victim and offender satisfaction, high levels of offender compliance with restitution agreements and low recidivism rates compared to traditional criminal justice approaches such as incarceration and probation. There is also reason to suspect that these programmes are cost-effective measures.

Programmes that are highly supervised and victim-centered, that promote honest and respectful communication, and are led by well-trained facilitators appear to be most effective. However, many research challenges regarding the effectiveness of these programmes lie ahead. First, we need a better understanding of how current results are biased by voluntary participation. Second, we need more knowledge about how effective different types of programmes are and whether their effectiveness differs for different types of participants (e.g., young versus adult offenders) and different types of crimes (e.g., minor versus serious crimes). Third, we need more knowledge of the long-term effects.

# Social control

## 24. Programmes to reduce alcohol consumption

- Universal
- Selective
- Indicated
- Family
- School
- Social Environment

- Before birth
- Infancy (0-1)
- Early Childhood (1-7)
- Middle/Late Childhood (7-9)
- Early Adolescence (9-13)
- Middle/Late Adolescence (13-18)

### Goals

To reduce alcohol consumption and violence caused by it.

### Target group

Consumers of alcohol, excessive drinkers, young and binge drinkers.

### Risk factors

Excessive alcohol consumption, lack of enforcement of the ban on alcohol sales to minors, aggression and vandalism during drunkenness, permissive attitudes towards risky drinking.

### Overall effectiveness

Effective.

Alcohol use increases the risk of both violent offending and victimisation. A number of strategies has been developed to reduce alcohol consumption and its harmful effects. Some strategies provide information and education about the effects of alcohol. There is little evidence that these programmes reduce its consumption.

Other strategies comprise policy measures that control its availability. These are effective in reducing alcohol consumption. There is also some evidence that they reduce violence. A third type of strategy comprises treatment programmes, such as brief counselling and behavioural programmes for alcohol users. These programmes reduce alcohol consumption. Although little is known about their effects on violence, the reductions in alcohol consumption can be expected to reduce violence as well.

## The problem

Studies have shown that the risk of both offending [1] and victimisation [2] in youths increases when they consume alcohol. When individuals are under its influence, they lose their self-control easily, which may lead to an escalation of conflicts into violence. In addition, individuals partly lose control over their psychomotor and cognitive abilities, making them a target for offenders. Problem drinking also affects many other health issues, such as vehicle casualties through drink driving. These themes are not included in this chapter (see [3, 4]).

### Results from the z-proso study: Alcohol consumption

In Zurich, 24% of 15-year-old children consume alcohol every month, 8% does so every week. Those who use alcohol on a monthly or weekly basis are more likely to commit theft or violent offences, to be reported to and questioned by the police, to bully others, to be part of a gang, to receive punishment at school and to be victims of a serious offence. Youths who engage in binge drinking (at least five alcoholic beverages) are at high risk. Although these findings do not show that alcohol use causes these experiences, 4% of those who have ever drunk alcohol have had contact with the police because of its consumption.

*Source: Original data analyses, Zurich Project on the Social Development from Childhood to Adulthood, z-proso*

## Goals

These aim to reduce the consumption of alcohol, which should, in turn, reduce violent offending and victimisation.

## Delivery

**Delivery format:** programmes can be divided into several types [4]:

1. There are initiatives that provide information and education about the dangers of alcohol. These can be public campaigns, school-based/parenting programmes and warning labels on alcoholic beverages;
2. Policy changes include increasing the taxes on alcoholic drinks, raising the minimum drinking age or tighter regulation of the distribution of alcohol, for instance through controlling the hours and days of sale, and the density of alcohol outlets [5, 6];
3. There are also treatment programmes that target people with alcohol problems: brief programmes, specialised treatment programmes and mutual help groups [3]. Brief programmes are intended for high-risk drinkers and aim to moderate their consumption. They take place before or soon after alcohol-related problems have occurred [3]. They are often offered to people who visit primary health care for other (sometimes related) health issues. In these cases, the programme needs to be delivered within the framework of a standard consultation [7]. Key programme components include providing advice or guidelines to reduce drinking, personalised feedback about the person's alcohol consumption patterns (such as through lab results of blood alcohol concentration levels), information on the health and social risks of abuse, help in developing action plans for reducing drinking, assisting in achieving set goals (such as helping in developing skills to deal with high-risk situations) and providing follow-up examinations or telephone counselling [7-9]. So-called 'normative feedback' is another important (or in some cases the only) component. Information is provided about the alcohol consumption of the average man or woman in order to trigger awareness of problem drinking. Specialised treatment is more focused on alcohol dependence. This includes the management of alcohol withdrawal, rehabilitation, as well as behavioural and cognitive treatments to prevent relapse. Pharmacological treatments can also play a role in specialised treatments, but as these are beyond the scope of this report, we refer to [4] for an overview;
4. Mutual help groups aim to help those who are trying to stay sober. Participants come together, share their experiences and provide support to each other. In addition to these strategies, there are community programmes that are neither individual nor policy measures, but a combination of both. These are mainly located in the field of organisational development. Furthermore, there are drink-driving policies and policies that control the marketing of alcohol. Since these last two strategies are beyond the scope of this chapter, we refer to other publications for more information [4].

**Delivery settings:** given the large variety of strategies to reduce alcohol use, these vary widely and are only presented abstractly. Information and education programmes can take place in community spaces, in schools or in centres that offer parenting courses. Policies that control the availability of alcohol concern retail

outlets. Treatment programmes can be delivered in medical surroundings such as specialist clinics, hospitals, emergency rooms or primary healthcare, but also in the community, higher education settings or at work [9]. They can also be delivered through modern media, such as on the internet (see Chapter 19).

**Required qualifications:** these are highly dependent on the strategy used. Individual programmes are often delivered by highly trained professionals, such as physicians, psychologists or social workers. Brief programmes may also be provided by primary care physicians or non-physicians (e.g., nurses, physician assistants or health educators). Programmes without professional guidance also exist. These programmes use modern media as the primary means of delivery (see Chapter 19).

**Required resources:** comprehensive alcohol policies that include random breath testing, increased taxes on beverages, restricted access to alcohol, an advertising ban and brief programmes were found to be cost effective for European Union-wide implementation. Such a package was estimated to cost 1.3bn Euro, about 1% of the total costs of alcohol problems to society [10]. With respect to treatment, the costs for brief programmes that can be delivered during a standard consultation are relatively small, whereas the costs for individual therapy are larger but depend on the programme. Media-based programmes require highly professional development. However, because they can be implemented with minimal professional guidance, they require only small investments and can be easily disseminated among a large number of people.

**A programme example:** The ‘Brief Alcohol Screening and Intervention for College Students’ (BASICS, [www.lcb.state.pa.us/PLCB/Education/Programmes/index.htm](http://www.lcb.state.pa.us/PLCB/Education/Programmes/index.htm)) aims to reduce alcohol consumption in students who drink heavily. It consists of two 50-minute interviews, in which risk awareness and safe alcohol choices are promoted through the provision of personalised feedback, normative alcohol use and risk-reduction strategies. Students are referred to the programme through routine screening or services that have identified them as heavy drinkers. It can also be used to refer alcohol-dependent students to more extensive treatment. Adaptations of the programme have been developed for homeless youths and adults, as well as high school students. The recommended training for implementers includes one to two days and can be completed by para-professionals.

## Effectiveness

Programmes that provide information and education about the harmful effects of alcohol abuse have not been very positive. Public campaigns have not shown much effectiveness in reducing consumption [3]. School programmes for children below the age of 18 can change knowledge and attitudes towards alcohol use. However, only few school-based programmes have shown effectiveness in reducing youths’ drinking in the short and long term [11, 12]. It is currently unclear to what extent the results apply to countries outside the United States. Thus, the few programmes that were partially effective need to be examined carefully before being implemented. Health warning labels on alcoholic beverages have some effects on knowledge and attitudes towards alcohol use but affect drinking only slightly [13]. This finding is based on studies in the United States. However, warning labels are effective in reducing tobacco use; thus, research on warning labels on cigarette packets provides important lessons for application to alcoholic drinks (see below).

Evidence on parenting programmes is somewhat more positive. These programmes can reduce or prevent alcohol use in youths under the age of 18 [14]. They are targeted at the parents of children and youths with established problems or parents who were addicted themselves. The initiatives included group-based parenting skills training, homework, booklets and home-visiting programmes. The vast majority of programmes took place in the United States. Six out of 14 studies showed effectiveness.

The evidence for the effectiveness of policies that regulate the market is strong. Increases in alcohol prices and taxes result in decreases of heavy drinking [15, 16]. This has been shown to be the case for different types of alcohol, including beer, wine and spirits. Overall, a 10% increase in alcohol prices is expected to result in a 3% to 10% reduction in consumption [15]. There is also evidence that higher taxes are related to less violence, but these findings are based on only few studies, and the effects are small [15]. Increases in the minimum drinking age are effective [17]. A small number of studies suggests that the reduction of outlets in an area reduces drinking and rates of violence [5, 6]. There are also studies that suggest that increases in the times at which alcohol can be sold are related to increased alcohol use, although the effects on violence



Photo: Louis Hansel, CC

are less clear [5, 6]. Evidence for the effectiveness of treatment programmes has also been positive. Brief counselling programmes decrease unhealthy drinking [7, 8, 18]. These were provided by general medical practitioners or by non-physicians (such as psychologists or nurses) and reduced consumption [7, 18]. More specifically, for a good-quality, brief behavioural counselling programme with up to 15 minutes of initial contact and at least one follow-up contact [8]: at six to 12 months after the programme, participants had reduced their average number of drinks per week by 13-34% more than non-participants. Compared to non-participants, the percentage of those who drank a moderate or safe amount of alcohol after the programme was also greater, from 10 to 19%. Brief programmes are less effective for individuals who are alcohol dependent [3]. Furthermore, studies show that general practitioners can be engaged to screen patients for risky alcohol use. These programmes increased the amount of screening and advice from 32 to 45% [19]. Behavioural self-control training teaches alcohol abusers to keep their consumption under control, for instance by identifying high-risk situations. This training reduced alcohol consumption [20]. Media-based programmes delivered via a computer can also reduce drinking. Please refer to Chapter 19 for an overview of the results.

**Influencing factors:** parenting programmes that emphasise active involvement and the development of social competence skills and self-regulation in youths were most effective [14]. Recommendations for warning labels stated they should be eye-catching and cover a considerable part of the container. They should also be varied and the labels should contain warnings on both social and health problems, and on risks for both the drinker and those around him/her. These measures can be accompanied by warning posters and signs in places where alcohol is served [13].

Increases in the minimum drinking age are most effective when laws are consistently enforced [10]. Weak evidence suggests that longer counselling sessions increase the effectiveness of brief programmes, but the effects are small, namely in the order of one fewer standard drink per week per 10 minutes extra counselling session. An additional 10 minutes of treatment is a fairly substantial investment. The basic format of brief programmes is therefore more important than their duration [7]. Also, a recent meta-analysis found that brief programmes reduced drinking in men but not in women [7]. Behavioural self-control training was effective for both alcohol-dependent and problem drinkers [20]. In addition, training that promoted abstinence was no more effective than behavioural self-control training, which promote moderate drinking.

## Conclusions and recommendations

If policy-makers wish to reduce alcohol consumption, increasing alcohol prices seems to be effective. Improved enforcement of and an increase in the minimum age for alcohol consumption can also be effective measures to reduce violence. Treatment programmes for those with alcohol problems (brief programmes, behavioural self-control training and media-based ones) are also recommended. Some of these programmes (especially brief and media-based programmes) require comparatively few resources, which may save them for extensive treatment for those who need it.

It is important to note that the vast majority of evaluation studies was done in the United States. Since best practices should always be seen within their context, it is unclear to what extent this evidence also applies to other countries. All relevant local actors need to be consulted and involved in the implementation process to maximise a programme's effectiveness.

## 25. Space-based policing

### Universal

- Selective
- Indicated

### Family

### School

- Social Environment

### Before birth

### Infancy (0-1)

### Early Childhood (1-7)

### Middle/Late Childhood (7-9)

- Early Adolescence (9-13)
- Middle/Late Adolescence (13-18)

### Goals

To reduce crime in designated at-risk areas.

### Target group

Violent and property crime offenders, drug dealers, individuals causing disorder.

### Risk factors

Crime hot-spots are areas with a high number of calls for emergency services, low levels of collective efficacy and high-risk juveniles.

### Overall effectiveness

Effective.

Space-based policing aims to reduce and prevent crime and disorder in known locations. It does so by identifying at-risk areas and by allocating an increased number of police officers to them. These officers use traditional police tactics, such as street patrol or innovative strategies that include partnerships with other agencies.

Evidence shows that space-based policing significantly reduces crime. Moreover, there is currently little evidence that these strategies lead to crime displacement to other areas. However, the success of the programmes depends on local circumstances and implementation quality.

## The problem

Crime clusters in small places or ‘hot-spots’ [1, 2]. Even within many crime-ridden neighbourhoods, there is much variation in crime levels. Often, times, specific locations, such as street corners or apartment buildings, are mainly responsible for high levels of crime [3]. High-crime locations are often characterised by a high density of perpetrators, a lack of guardianship and the presence of attractive targets. Examples are shopping and entertainment areas, drug markets, public transport stations [4] and places where lots of cash is available [3, 5].



Photo: Wikipedia, CC

## Goals

Space-based policing aims to reduce crime and disorder through increased activity in hot-spots. The programmes can focus on different types of crime or perpetrators. Space-based policing generally consists of a variety of approaches that focus more police resources to hot spots (e.g., by increasing officer patrol time and the number of officers on specific street blocks).

## Delivery

**Delivery format:** space-based policing can be roughly categorised into three types [6, 7]:

1. ‘Community-wide policing’ programmes are targeted at relatively large areas such as specific neighborhoods and involve developing partnerships with local residents and agencies;
2. ‘Hot-spot policing’ uses modern information technologies and aims at aligning police resources with at-risk areas;
3. ‘Problem-oriented policing’ expands beyond the first two strategies to involve partnerships with local residents and agencies, and targeting geographically small hot spots. It attempts to identify and change the characteristics and processes that are related to the crime problem.

**Delivery setting:** this is the identified high-crime geographic area. Its size depends on the delivery format and ranges from entire neighborhoods to locations like buildings and street corners. It is important that the identification of high-crime areas does not only depend on police statistics since these show only those crimes that have been reported. Instead, it should also be informed by surveys among the residents and the visitors to the area.

**Required qualifications:** the identification of hot spots requires that designated police officers or crime analysts are skilled at conducting such analyses. It requires training in mapping technology and the analysis of geographic police databases. Police officers also need to be informed about and trained in the goals and strategies of the programme, which include effective communications with residents.

**Required resources:** little is known about the cost effectiveness of these programmes, but this is an important issue given the organisational commitment and investment necessary for these types of programmes and the budget cuts that many policing agencies are currently facing. The RAND Center on Quality Policing, however, has developed a ‘Cost of Crime Calculator’, which claims that crime prevention strategies are cost effective in the long-term because crimes that go through the justice system take a lot of time and money, which can be avoided if preventive measures are implemented ([www.rand.org/jie/centers/quality-policing/cost-of-crime.html](http://www.rand.org/jie/centers/quality-policing/cost-of-crime.html)).

A programme example: Problem-oriented policing ([www.popcenter.org](http://www.popcenter.org)) values preventive approaches to crime reduction and forms alliances with community members and agencies to analyse and solve a problem. Thus, it has an explicit focus on ‘problems’ that citizens are faced with, instead of a focus on a crime. Police officers are expected to assess the underlying conditions that create a problem and try to solve it proactively rather than reactively. Ways of gaining knowledge include conducting surveys among residents, analysing the timing of incidents, the characteristics of offenders and their motivations for committing crime at these particular locations. The results of the analysis are used to formulate a solution, which may consist of law enforcement responses, but also involves working with residents and local agencies to change the characteristics of the location. Police officers must be given the freedom to make important decisions, as well as be accountable for them. Finally, the effectiveness of responses should be evaluated to learn and share knowledge about what works.

## Effectiveness

Space-based policing that targets hot spots has shown reductions in crime and disorder compared to areas that received routine levels of traditional police services [8]. These measures included place-based applications of both traditional police tactics (hot-spot policing) and alternative strategies (problem-oriented policing). These beneficial effects extended to several crime types, including violent crimes and disorder offences [8]. Although the number of crime-specific analyses is small, some evidence cautiously suggests that place-based policing may be particularly effective in reducing drug offences [7, 8].

Importantly, space-based policing has not been found to lead to a displacement of crime, i.e., crime increases in nearby places [8, 9]. In fact, instead of such displacement effects, studies suggest that nearby places show no changes in crime levels or that they even benefit and show small crime reductions.

Despite concerns that indiscriminate and zero-tolerance tactics involved in hot-spot policing may alienate residents from the police and create tensions, the small number of studies that has investigated this issue has found positive opinions and experiences of residents [8].

**Influencing factors:** knowledge about the factors that influence the effectiveness of space-based policing is sparse. Given the relatively small number of studies available, this evidence does not present any definitive conclusions and should be interpreted with caution.

Although definitive evidence is not yet available, it appears that problem-oriented policing results in somewhat larger effects than hot-spot policing that uses traditional tactics such as directed patrol and gun searches [8]. The evidence for the effectiveness of community policing (when not combined with a problem-oriented focus) is somewhat less clear. Although this type of policing appears to reduce fear in citizens, some researchers have concluded that it does not necessarily reduce crime [6]. Others, however, suggest that community-wide policing may be more effective than hot-spot policing for particular types of crimes, such as drug and disorder offences [7].

Experiences show that space-based policing should be managed as a project, with explicit goals, a project manager and regular monitoring. These aspects are often lacking, which creates barriers for good implementation. In addition, a political consensus about police priorities is needed, as resources are often limited. Objective data gathering about crime locations can be helpful to reach such a consensus. Flexible police units that are not tied to routine work are needed to implement changes more effectively.



### **Conclusions and recommendations**

Space-based policing has been shown to reduce crime and disorder. It outperforms traditional, unfocused forms of policing. In addition, it does not appear to lead to crime displacement to nearby areas.

Although little is currently known about the factors that influence the effectiveness of place-based policing and about its effectiveness in some countries, we believe that it is justified to say that this type of measures offers substantial promise as a crime-reduction strategy.

In addition to research on the factors that influence programme effectiveness, cost-benefit analyses are necessary to evaluate the usefulness of policing measures adopted in any location.

## 26. Situational crime prevention in public areas

- Universal
  - Selective
  - Indicated
- Family  
School
- Social Environment

- Before birth  
Infancy (0-1)  
Early Childhood (1-7)  
Middle/Late Childhood (7-9)
- Early Adolescence (9-13)
  - Middle/Late Adolescence (13-18)

**Goals**  
Reducing opportunities for crime in public areas.

**Target group**  
Shoplifters, vandals, drug offenders, violent offenders and petty thieves.

**Risk factors**  
High crime areas with little surveillance and/or poor visibility, public transport areas, public housing areas, car parks, city and town centres.

**Overall effectiveness**  
Effective.

Situational crime prevention attempts to reduce crime by decreasing the opportunities for committing offences. More specifically, it increases the risks and efforts of committing crime and decreases the rewards. There are many different strategies to achieve this, so many different types of initiatives have been developed. Due to this report's primary focus on meta-analyses, this chapter is restricted to assessing only part of the evidence.

We assess the evidence on programmes in public areas. Place-based policing, which is also relevant in this respect, is discussed in the previous chapter.

Meta-analyses were available for three programme types, namely neighborhood watch programmes, closed-circuit television (CCTV) and enhanced street lighting, which were associated with small to moderate and practically significant reductions in crime.

## The problem

Public areas have certain characteristics that make them attractive to offenders. Because they are everybody's territory, individual citizens have little responsibility or motivation for discouraging crime in these places, therefore they have a low level of supervision [1]. Furthermore, public areas that are known for the confluence of large numbers of people and have shop and entertainment amenities provide crime opportunities and are therefore vulnerable [2].

## Goals

Situational crime prevention initiatives aim to reduce crime opportunities by increasing the perceived risks and efforts needed to commit crime and by reducing the rewards. Changing the characteristics of places makes them less attractive to criminals and deter potential offenders.

## Delivery

**Delivery format and settings:** Situational crime prevention programmes in public areas consist of a wide range of initiatives to block crime opportunities, including street closures and rerouting, banning public drinking, employing security guards, reducing the availability of weapons, improving lighting, establishing neighbourhood watch groups and CCTV [3, 4]. The latter three types are of special interest in this chapter because meta-analyses have reviewed their effectiveness. Increased street lighting can deter offenders by increasing visibility and the number of people in the street. In addition, increased investment in the community through street lighting can increase residents' sense of community pride; this informal social control can then reduce crime [5].

Neighbourhood watch programmes are often encouraged to prevent residential burglary and are implemented as part of a more comprehensive crime reduction package, typically combined with property marking and security assessments of residential buildings [6]. Some programmes are limited in geographic scope and focus on only a few households, whereas others cover larger neighbourhoods, with more than 1,000 households. The main elements of neighbourhood watch programmes are increased surveillance as the residents act as the 'eyes and ears' of the police, through frequent reporting of suspicious behaviour to the police by the programme coordinator and a higher number of initiatives devised by neighbours to solve problems in the area where they live [6].

CCTV is a system for remote monitoring that uses cameras and recording devices for analysis. It may deter offenders by increasing the probability of detection and by signaling improvements in the area, thereby

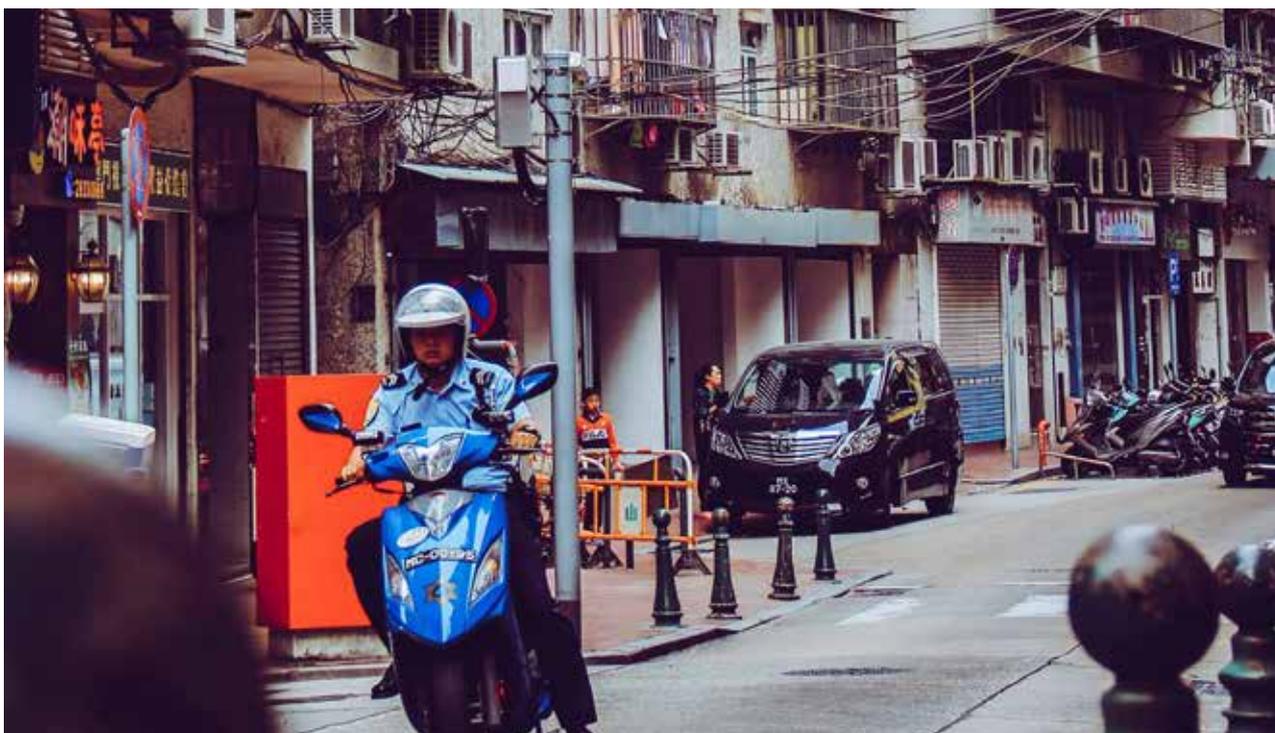


Photo: Florian Wendel, CC

**A programme example:** The voluntary ‘Neighbourhood Watch’ ([www.ourwatch.org.uk](http://www.ourwatch.org.uk)) movement in the United Kingdom aims to join residents and local agencies to create safe, cohesive and friendly communities. It does so by encouraging residents to work together to solve problems, be in local partnerships with the police and local authorities, as well as sharing information concerning crime and other incidents. It encourages like-minded neighbours to form groups that are owned by community members and usually run by voluntary coordinators, who in turn often participate to meetings run by local or regional associations. Due to its local character, each group decides for itself what its particular neighbourhood problems and aims are and how these aims are to be achieved. Initiatives that may be organised and supported by the groups include home security improvements, activities for youth, emotional and practical help for victims and the elderly, community lunches for neighbours and clean-up projects. Partnerships have been formed with many agencies, including local police forces, communication system and database providers, fire and rescue services and local authorities. Several resources, including training courses and toolkits, are offered on the website.

increasing residents’ motivation to solve problems and discourage crime [7]. CCTV cameras can be installed in various locations, such as city and town centres, public transport networks, residential areas and car parks. The capacity of CCTV for monitoring areas depends on the particular camera type, recording quality and methods of storage [8]. Although situational crime prevention may be implemented on a universal basis, it is usually implemented in high-risk public areas.

**Required qualifications:** all three measures need capable analysts to determine where interventions are most needed. Some neighbourhood watch programmes include supervision of the developed initiatives as well as mechanisms to ensure quality control and qualified people to execute these tasks. CCTV programmes require capable technical consultants who are knowledgeable about the fast-changing technology, an identifiable and accessible project manager who is trained in the initiative’s aims and strategies, as well as qualified system operators who can use the technology and report observed crime incidents to the appropriate authorities [8].

**Required resources:** street lighting can be implemented at relatively little costs [5]. Two cost-benefit analyses in the United Kingdom showed that the financial savings from prevented crimes exceeded the costs by 2.4 and 10 times in one year’s time, but it is unclear whether these results are generalisable to projects at other locations [9]. The costs of neighborhood watch programmes vary depending on the elements involved. The funding is usually raised through a combination of investments by the local police department and fund-raising [6]. The costs for CCTV can be substantial as it requires employing personnel to install surveillance systems and to operate the control room, as well as the acquisition of the equipment [8]. In addition, there may be privacy concerns. One cost-benefit analysis in the United Kingdom has concluded that there are not many financial benefits to CCTV, although this was partly due to the low monetary value of the prevented crimes [8].

## **Effectiveness**

For improved street lighting, a meta-analysis of 13 studies has shown that crimes in areas with improved lighting decreased by 21%, compared with control areas [5]. Residential areas where neighborhood watch programmes were evaluated, mostly in the United States and the United Kingdom, showed crime reductions of 26%, compared to control areas [6]. These programmes did not include citizen patrols but focused on projects where local people only operated in their capacity as residents. This meant that residents’ increased informal surveillance, their reporting of suspicious behaviour and their working together to solve problems were the primary focus of the measures.

The findings on the effects of CCTV surveillance systems are somewhat mixed, with a national evaluation of 12 studies in the United Kingdom showing no overall effects on crime [8], but an international meta-analysis of 13 high-quality studies found a 16% crime reduction compared to control areas [7]. Several factors can explain these differences. There has been little evidence that situational crime prevention simply leads to displacement ‘around the corner’ [8, 10]. Where displacement occurs, it seems to be an exception, and the effects appear to be smaller than the gains achieved by situational crime prevention. In addition, a diffusion of benefit, where the beneficial effects of the measures generalise to other areas, is as likely to occur as displacement.



Photo: Jaclyn Moi, CC

**Influencing factors:** the optimal circumstances in which improved street lighting reduces crime are unclear [5]. However, it appears that lighting reduces crime both at night-time and daytime, suggesting that the crime reductions are not so much achieved by increased visibility at night but rather by the perceived increase in community investment and thereby the increased motivation of residents to work together to solve neighbourhood problems. However, street lighting reduces property but not violent crime.

Little is currently known about the factors that influence the effectiveness of neighborhood watch programmes. Emerging findings show that their effectiveness is not affected by whether the programme has a limited (i.e., only neighborhood watch is implemented) or more comprehensive scope (i.e., neighbourhood watch is combined with other elements such as property marking and home security surveys) [6]. Furthermore, it does not seem to matter whether the programme is implemented in a small or a large area.

Several factors influence the effectiveness of CCTV [7, 8]. First, CCTV seems to be effective primarily in reducing vehicle crimes and other crime in car parks. For car parks, it has been found that the amount of crime reduced by half in areas that had CCTV compared to areas that did not. First, CCTV appears to be less effective when implemented in city and town centres or public housing. There is some evidence that CCTV may work in reducing crime in underground railway stations, although only few studies have been conducted. Second, CCTV is primarily effective in areas that have a medium or high level of crime and less so in areas with little crime. Third, projects with high camera coverage of the target area appear to show greater crime reductions than projects with low camera coverage. Fourth, CCTV operates most effectively if it is combined with other measures such as community wardens and police operations. It is currently an open question whether CCTV works when it is not combined with such additional measures. Finally, if the police display an active interest in the CCTV operation, by showing some presence in the control room or providing intelligence to guide monitoring, crime reductions appear to be larger.

## Conclusions and recommendations

Street lighting can reduce property crime, although the optimal circumstances for efficacy are unclear. Improving street lighting is a promising crime reduction strategy given its generally low costs and effectiveness. Neighbourhood watch programmes also have been associated with crime reduction. More research on how the effectiveness of these programmes can be enlarged is recommended.

Research suggests that the implementation of CCTV systems may reduce crime under certain circumstances. When implemented, it is important to ensure a high camera coverage, combinations with other measures, implementation in small, enclosed areas such as car parks, implementation in medium- or high-crime areas, and active cooperation with the police. Under these circumstances, evidence from the United States and the United Kingdom suggests that CCTV can be effective in reducing crime.

# Conclusions and recommendations



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The starting point for this report was the need to provide practitioners and decision-makers with an overview of research-based approaches to violence prevention. The core aim was to give readers an overview of prevention approaches for which sufficient research exists to recommend them for practice. In doing so, we deliberately set a broad framework and included developmental as well as situational approaches. For each approach, we summarised the risks it addresses, the mechanisms it seeks to influence, how it is implemented and which delivery factors are responsible for effectiveness.

Police crime statistics, as well as survey studies, have shown that there is considerable potential for violence among young people in many countries. Too many children and adolescents suffer the consequences of child maltreatment, sexual violence, bullying, robbery and assault. We, therefore, believe that, beyond what has been accomplished so far, greater efforts are needed to achieve a lasting reduction of violence in the years to come.

We deliberately did not provide a list of recommendations for individual initiatives. Significant progress has been made in quality evaluation studies over the past 10 years, and the range of prevention programmes is much wider today. However, the knowledge base is still too thin to be able to say whether individual programmes will lead to a reduction in violence.

## **Monitoring international initiatives**

We believe that the dissemination of programmes with a good international research base should be promoted. In the past 10 years, there has been a growing awareness that financial and organisational investments must ultimately be justified by scientifically proven effects, whether it's crime reduction in city centres, bullying in schools, re-offending or violence against children.

An insufficient number of prevention activities has been scientifically evaluated. Good impact evaluation has generally accepted quality characteristics, such as an adequate research design (pre- and post-measurement; a control group, preferably randomised), a research protocol set-up before the beginning of the study, careful documentation of the implementation and the measurement of short- and long-term effects. Only with high-quality impact evaluations can programme effects be reliably detected. These are necessary for evidence-based violence prevention.

### **Communication of information and initiating networks**

Violence prevention ultimately takes place in communities. Local actors should be able to base their decisions on the best available knowledge. The dissemination of effective violence prevention measures requires the cooperation of practitioners and service providers, of local and national policy makers, of interest groups, researchers and non-profit organisations.

The transfer of knowledge between practice and research needs to be strengthened. However, in a field where the level of knowledge is constantly changing as a result of research and innovation, a well-developed interactive knowledge platform that reports on research results in a timely manner and that provides practical help in the selection of suitable programmes is required. We believe that the establishment of a national unit that makes concrete recommendations about which measures and programmes are most likely to be successful could help many countries to reduce violence levels in their societies.

# Appendix

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